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This report presents the eight papers and abstracted proceedings of a conference of 30 educators who met to explore the nature, role, and implications of the clinical professorship in innovative programs of undergraduate teacher education. The first three papers, by Lindley J. Stiles, Robert Maidment, and Lloyd S. Michael, deal with the functions and responsibilities of both the clinical professor and the public schools under the Northwestern plan. Roland H. Nelson, Jr., explores the role dilemmas facing clinical professors. Richard E. Collier and James F. Collins present cooperative plans developed by the University of Maryland and the Montgomery County, Md., public schools. Arthur S. Bolster, Jr., a clinical professor in a dual assignment with Harvard University and the Newton, Mass., schools, explores the institutional and professional stresses facing the clinical professor, and John A. Granito explores the new role as it relates to one of omnipresent state departments of education. The final two papers place the clinical professorship in its historical and operational context. William R. Hazard summarizes the interdisciplinary planning, development, and operation of the program at Northwestern, and James B. Conant reviews the historical evolution and development of the clinical professorship. Reactions to and discussions of the papers (following each presentation) were edited to convey the essence of the conference proceedings. (Author/JS)

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THE CLINICAL PROFESSORSHIP IN TEACHER EDUCATION

Report of a Conference
at Northwestern University
October 24-25, 1966
in Cooperation with the
Carnegie Corporation of New York

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Foreword

SCHOOL systems and teacher training institutions confront a crisis in staffing and deployment of personnel. In response to the crisis, school systems have been experimenting with new patterns of staffing. Many of the patterns involve (a) the introduction of new personnel, such as teacher aides, interns, and clerical assistants, and/or (b) reorganization of the staff into instructional teams, for example. The variety of assignments, each requiring different types of performance, suggests that teaching is moving toward a differentiation of personnel that is characteristic of other professional fields, such as medicine, law, and engineering. The objective of this differentiation of personnel is to make maximum use of educated and skilled manpower.

The imperative need for innovations in staffing for teacher education programs is increasingly recognized, and a growing number of universities and school systems are developing and testing new patterns. The clinical professorship, a significant innovation, is receiving considerable attention, and already has been established in a number of leading universities in cooperation with nearby school systems. This new position was recommended by Dr. James B. Conant in 1963 in his book, *The Education of American Teachers.* At a conference of representatives from fourteen leading universities held at Northwestern University in 1964, John Goodlad elaborated a concept of the clinical professorship. In October of 1966, a two-day working conference at Northwestern, which involved scholars and leaders from a dozen universities and various organizations, analyzed and projected plans for clinical professorships.

The participants in the 1966 Northwestern conference, which is reported in this volume, agree that the clinical professorship is one promising approach to the differentiation of personnel and responsibilities and the more effective teamwork which are so essential in teacher training. We hope this report will be useful to those who wish to draw upon the thinking and experience of educators who are experimenting with new staffing and deployment patterns in teacher training programs.

B. J. CHANDLER, *Dean*
The School of Education
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January, 1967

Editor's Note and Introduction

This report presents the papers and abstracted proceedings of a conference held on October 24 and 25, 1966, at Northwestern University. Thirty educators representing universities, state departments of education, public schools, and national organizations committed to education, met in a working conference. Their purpose was to explore the nature, role, and implications of the clinical professorship in innovative programs of undergraduate teacher education. This conference, focused on a single innovation, grew out of the 1964 Conference on Teacher Education and, like its predecessor, was supported by the Carnegie Corporation of New York.

Working conferences seldom produce neat solutions to problems or smooth-flowing, cohesive discussion. The problems are usually too big, and the solutions are too little. The ideas generated at such conferences are typically fragmentary and, likely as not, raise conflicting opinions and reactions. Discussions rarely follow the neat outlines of the printed program. Topics of persistent concern are developed, explored, and dropped, only to emerge again and again in subsequent discussion. This conference was no exception. The conference transcript clearly demonstrates that the central issues cropped up in various contexts. One such issue was the role of the clinical professor. There seemed to be general agreement that clinical professors are more than student teaching supervisors but little agreement as to how much more. Clearly, their role is yet to be defined. The relationships among colleges, cooperating schools, and state departments of education are equally amorphous. This is not surprising, since we are considering a radically new approach to teacher education.

Teacher education has suffered too long from hardening orthodoxies, and a new one for the clinical professorship is not needed. Each institution must develop the role to fit its unique institutional patterns and needs. There is no merit in relabeling existing roles. Simply renaming the supervisors "clinical professors" and the traditional practice teaching "clinical experiences" will not strengthen weak programs or make relevant the irrelevant. Unless we change and improve the basic structure of teacher education programs, all the new terms and titles in the world are meaningless.

The conference included eight papers on various aspects of the clinical professorship. Reactions to and discussions of the papers followed each presentation. These reactions and discussions have been edited to convey, as accurately as possible, the essence of the conference proceedings. The papers are not reported in their order of presentation; rather, they are arranged to give an overview of the clinical professorship in the Northwestern program and the plans under study at other institutions. The first three papers, by Lindley J. Stiles, Robert Maidment, and Lloyd Michael, deal with the functions and responsibilities of the clinical professor and the public schools under the Northwestern plan. Roland Nelson explores the role dilemmas facing the clinical professors. The paper by Richard E. Collier and James F. Collins presents cooperative plans developed by the University of Maryland and the Montgomery County, Maryland, public schools. Arthur S. Bolster, Jr., a clinical professor in a dual assignment with Harvard University and the Newton, Massachusetts, schools, explored the institutional and professional stresses facing the clinical professor, and John A. Granito explored the new role as it relates to one of the omnipresent state departments of education. The final two papers place the clinical professorship in its historical and operational context. William R. Hazard summarized the interdisciplinary planning, development, and operation of the program at Northwestern University, and James B. Conant reviewed the historical evolution of the clinical professorship and summarized its development.

This conference was made possible by the capable assistance of many people. The scholars who contributed papers carried a special burden for creative thinking and thoughtful preparation. The discussants, Daniel Powell, E. K. Fretwell, Jr., Don Davies, and Allan Kuusisto, and the session chairmen, Edward Pomeroy, Jean Battle, and George Schlesser, made valuable contributions to the exploration of the clinical professorship. The thoughtful efforts of Mrs. Nancy Ream and Mrs. Sally Goodman turned a myriad of details into a smooth conference. A debt of gratitude to all these contributors is acknowledged.

Further research and program development in teacher education at Northwestern University and at other colleges and universities will be reported in subsequent publications. The ultimate value of this conference will lie in other institutions' adoption and development of various aspects of the clinical approach to teacher education. The test of these or any other innovations depends on their acceptance.

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1

The Interdisciplinary Team

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THE CLINICAL PROFESSOR AS A MEMBER OF THE INTERDISCIPLINARY TEAM

TEAMWORK has not been a predominant characteristic of teacher education. Programs to prepare for teaching in elementary and secondary schools have typically consisted of designated courses in various categories. In the liberal arts and specialized subject fields professors often have been unaware or unconcerned that prospective teachers were enrolled in their classes. Pedagogical courses have too frequently been taught without reference to the rest of the professional sequence, even to the extent that content, resource materials, and laboratory experiences have been duplicative. Methods courses, particularly those for prospective elementary school teachers, have been saturated with redundance. At the secondary level both general and special methods and methods in major and minor fields have often been required. Student teaching, which, according to the testimony of teachers, is the single most important phase of their preparation, has been carried on in virtual isolation from the rest of the program—the professional sequence and the courses in the fields of specialization. More tragically, the schools and members of the teaching profession who serve in them have often accepted student teachers with astonishing reluctance.

Ironically, this dismal picture of poor teamwork exists in a professional field that has been noted for its planned programs. Practically every school or department of education has described its philosophy, organization, program, resources, and requirements in meticulous detail. External agencies for teacher licensure and institutional accrediting offer support for the plans and prescriptions. Yet, while descriptions of programs gather dust on the deans' desks, professors and students struggle through the traditional regimen of credit dispensations and collections on what is essentially an "every man for himself" basis. This picture of teacher education, however brief, oversimplified, and inadequately qualified, raises two key questions for the clinical professor. The first is not "Will he become a member of the teacher education team?" but rather, "Will there be a team for him to join?" The second relates to the composition of the team when and if it evolves: "Will it be educationist dominated, or fully interdisciplinary in character?"

The Interdisciplinary Team for Teacher Education

THE CONCEPT of the interdisciplinary team for teacher education is emerging in response to a growing concern about the quality of teachers. This anxiety relates to the public realization that intellectual resources are vital to national survival as well as to progress in all fields. In effect, schools and scholars have become indispensable and productive forces that undergird social and economic growth and stability. Such an important function as the education of teachers can hardly be ignored; nor can it be left to the exclusive concern and control of any particular interest group. All appropriate resources are required to insure maximum strength.

A characteristic of the interdisciplinary concept in teacher education, as in other applied fields, is specialization. The intent is to generate cooperation among scholars, each of whom is a specialist in a field or segment of a field, rather than to produce generalists who can function in various fields. The ideal of broad scholarship is not depreciated. Rather, it is recognized that in this age of expanding and changing knowledge, too few scholars with the breadth of an Albert Schweitzer or a C. P. Snow are available. The truth is that the knowledge industry has become extremely complex and complicated. Even teams of specialized scholars must have the help of all kinds of electronic equipment to keep track of what is known and how such knowledge relates to man and his environment.

The interdisciplinary approach with respect to matters educational is made necessary also by the changing role of the school on the world scene. Only recently economists have realized that education is a "bankable" commodity, that investments in the knowledge industry produce sound financial returns. Out of this discovery is now coming increasing momentum for programs of education with developmental objectives. No longer is the teacher viewed as a mere keeper of the culture, as important as such a role is; he stands in the center of a growing world-wide movement to produce new and better living through skilled and resourceful discovery and transmission of knowledge.

With the vital relationship of learning to living becoming more broadly appreciated, the demands for greater educational productivity, for better efficiency, if you will, have increased. Such pressures have accelerated efforts to apply technology to the processes of education. One consequence has been a further dependence upon interdisciplinary resources to develop and carry out educational programs.

Early references to the interdisciplinary concept were called the "all-institutional approach to teacher education." Prior to World War II leading spokesmen such as Harl Douglass of the University of Colorado and Leonard Koos of the University of Chicago had called for teamwork between educationists and professors in the liberal arts and specialized fields. A few institutions, notably the University of Wisconsin, Temple University, Syracuse University, and the University of Chicago, were experimenting with administrative arrangements for programs of teacher education that were intended to foster such cooperation. In 1945 a poll of a panel of leading experts in teacher education revealed that six out of thirty favored an "equal sharing" by education and subject matter departments of the responsibility for making policy and planning programs for teacher education.[1] The large majority, twenty-two of the thirty authorities on teacher education, favored exclusive control by autonomous schools of education with informal cooperation with professors in other fields.

The controversies over teacher education that have emerged since 1945 have further highlighted the need for interdisciplinary participation in teacher education. These controversies came to a head in 1963 with the open conflict between the University of Wisconsin and the National Council for Accreditation in Teacher Education (NCATE). The disagreement centered on the extent to which professors in the academic and specialized fields should participate in policy-making for teacher education. Subsequently, the full spotlight of support for the interdisciplinary team was focused by the noted national leader for reform in teacher education, Dr. James B. Conant.[2]

The idea of the interdisciplinary team for teacher education is gaining momentum. A recent query[3] to teacher preparing institutions revealed that of the more than 500 of the 731 institutions belonging to the American Association of Colleges for Teacher Education which reported, 82 (16.5 per cent) have developed interdisciplinary faculties for teacher education in which professors from nonpedagogical fields represent a numerical majority. Two hundred and thirty-two others (45.7 per cent) maintain interdisciplinary councils on teacher education, on which no school or department is given a majority representation. In only 110 (21.7 per cent) do no formal arrangements for interdisciplinary participation in policy-making and program development for teacher education

[1] Lindley J. Stiles, "Preservice Education of High School Teachers in Universities" (diss., Univ. of Colorado, 1945), p. 56.

[2] James B. Conant, *The Education of American Teachers* (New York, McGraw-Hill, 1963).

[3] Data collected in July, 1966, by Lindley J. Stiles (as yet unpublished).

exist. Over 90 per cent of the chief administrative officers of fifty-three universities reported that their institutions were moving toward the interdisciplinary approach in teacher education, and all endorsed the idea. As might be expected, the patterns of organization for interdisciplinary control of teacher education differ widely, as do the problems confronted in developing this type of partnership among scholars. Nevertheless, it now can be predicted that interdisciplinary cooperation in programs for teacher education will be expanded in the years ahead.

However a given institution may develop interdisciplinary cooperation for teacher education, the ultimate team membership will include everyone within the academic environment who can contribute to the preparation of teachers. All team members will share in all aspects of the teacher education program, including the making of policy, program development, student advisement, and product accountability, as well as the offering of courses required for prospective teachers. In such a team, the clinical professor obviously will play a key role.

CREDENTIALS OF THE CLINICAL PROFESSOR

The clinical professor brings to teacher education two vital strengths: scholarship in an academic discipline and continuing expertness in teaching. These qualifications, plus the liaison function performed between school and university, give the clinical professor a unique role in the interdisciplinary team.

As a scholar and professional teacher in an elementary or secondary school, the clinical professor offers a refreshing contrast to the typical college supervisor of student teaching. The latter, in most cases, has never been given much opportunity to travel the road of scholarship. As an undergraduate, he was forced to devote his study time to the survey of several fields—a minimum of three—in order to qualify for a teaching license. After a few harassed years of teaching experience, he entered graduate school to become a specialist in pedagogical studies. With doctorate in hand he then entered the field of teacher education in a department or school of education in an institution of higher learning. His appointment as supervisor of student teaching was likely viewed as a temporary assignment by both the school and the individual.

Traditionally, working with student teachers has been the steppingstone, or doormat, to advancement up the totem pole of pedagogical scholarship and status. Scholarship in a subject field, poorly grounded and long since neglected, is only a remote possibility for the college supervisor of student teaching. Even in larger institutions he is likely to be involved in supervising student teachers in a number of fields, e.g., in foreign languages, science, social studies, or in the various areas of language and literature; in smaller colleges, the supervisor will actually be involved in the preparation of teachers in different subject areas, such as English, history, and foreign language. If the supervisor works with students preparing to teach in elementary schools, in both large and small institutions, he typically attempts to be all-knowing in all subject fields. Clear evidence that college supervisors of student teaching have not developed as scholars in the subject fields for which they help to prepare young people to teach is found in their lack of acquaintance with academic scholars and scholarship—often even on their own campuses.

The college supervisor's credentials as an expert in elementary and secondary school teaching are often equally questionable. Each year his personal teaching experience becomes a more distant memory. Each semester his approach to teaching teachers becomes more didactic. Increasingly, he becomes aware of his isolation from both scholars and teachers. It is not surprising that he anticipates joining his colleagues as a teacher of graduate courses in education.

The clinical professor can bring to teacher education the qualifications of academic scholarship and continued skill as a teacher that, despite notable exceptions, are not now found in abundance among those working with student teachers. His role as it is being defined makes him a full member of the teacher education interdisciplinary team. Furthermore, his is seen as a career appointment. Nevertheless, a danger exists that the clinical professor may stray down the route followed by the college supervisor. The temptations to move away from actual classroom teaching, to pursue pedagogical interests while weakening academic scholarship, and to use the clinical professorship as a steppingstone to full-time appointments in schools of education, will be ever present. Unless individuals holding clinical professorships and institutions that create such positions—including all members of the teacher education interdisciplinary team—protect its potentialities, the term clinical professor may turn out to be just another fancy title for supervisor of student teaching. No profound wisdom is required to make this forecast. A backward look will remind us that a pretty good example of the clinical professorship has already followed this course in a number of laboratory schools across the nation. The ideal of the laboratory teacher who taught teachers, noble and right as it was, hasn't survived the pressures of increasing enrollments of prospective teachers, research, and sheer academic respectability in most institutions. Fortunately, Northwestern University, which first pioneered the clinical professorship with public school systems, has offered model guidelines to guard against such dangers. Its criteria for the clinical professorship provide that such appointments will automatically terminate "if the teacher (a) stops teaching in the classroom (by reason of change in assignment, promotion to non-teaching role, or the like) or (b) terminates contractual relations with the employing school board."[4]

The Clinical Professor's Role and Relationships with the Interdisciplinary Team

Membership in the interdisciplinary team, with role and relationships clearly defined and supported, may well be the key factor in keeping the clinical professorship on course as a career and professional position in teacher education. The interdisciplinary approach to the preparation of teachers aims, first of all, to involve scholars in the academic disciplines, as well as those in the pedagogical fields, in all aspects of teacher education. It rests on the simple but vital assumption that all who help to prepare teachers should take responsibility and be accountable for such important procedures as policy making, program development, student advisement, product evaluation, and the offering of instruction. Cooperation among scholars does not take place automatically; it must be observed, however good the intentions of all. Stimulation and guidance are ever-present needs where teamwork is sought.

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[4] William R. Hazard, *The Tutorial and Clinical Approach to Teacher Education* (Evanston, Northwestern University Press, 1966), p. 18.

The clinical professor must be what the title implies—a professor engaged in clinical practice. As a professor he should be entitled to all the rights and privileges of a professor. He needs freedom for study and research, for travel and professional development, as well as time to become involved in appropriate professional activities. As a clinical specialist, he should not be expected to perform basic research leading to publication in the traditional sense; nevertheless, he will be a logical person to help scholars from various disciplines study the content and organization for learning.

The clinical professor properly should assume a role as catalyst in the interdisciplinary team. Uniquely, he links the resources of the school system with college academic and pedagogical departments. Properly, he should hold both official and professional ties with all three agencies. In this sense, the clinical professorship goes beyond the scope of the arrangements for the dual professor in most institutions. He should be a dual professor in that he holds faculty status in an academic department as well as in the department or school of education. But additionally, he is a practicing member of a faculty of a school system. This three-way relationship gives the clinical professor a special role in coordinating the total interdisciplinary and professional resources available to support the preparation of teachers.

Dr. James B. Conant has stressed repeatedly the importance of maintaining full institutional support for the clinical professor. He has made it clear that unless the institution and the school system give to the clinical professorship first-class status in all respects, it will not achieve its potentialities in teacher education programs. As the position is being developed, it becomes increasingly apparent that unless the clinical professor functions within the framework of an interdisciplinary team his role and status will be considerably limited.

Contributions of the Clinical Professor

IN ADDITION to the strengths that the clinical professor brings to the interdisciplinary team, he will have opportunities to make a number of specific contributions as a catalyst-leader. Major ways in which the clinical professor may contribute include the following:

IMAGE OF THE SCHOLAR-TEACHER

For the school system he serves, the prospective teachers in preparation, and the entire program of teacher education, the clinical professor functions as a scholar-teacher. His professional practice stands as a model of learning and the transmission of knowledge. As a scholar he will be abreast of and will contribute to new knowledge in his subject field. As a teacher he will exemplify the best that is known pedagogically. The inclusion of the model scholar-teacher in the teacher education program has advantages that reach beyond the example now afforded to teachers in preparation. The entire interdisciplinary team will benefit by the standard which is set.

ACHIEVING PARTNERSHIPS FOR RESPONSIBILITY

The role of the clinical professor as catalyst for the interdisciplinary team facilitates the development of partnerships among scholars from various fields to carry out responsibilities related to the clinical training of teachers. Obviously, the clinical professor cannot perform all of the needed services to prospective teachers. He will require help. Such assistance can and should be sought from other members of the interdisciplinary team, including professors in the liberal arts and specialized fields as well as in education. Examples of the kinds of responsibilities to be assumed include student advisement, the promotion of sound school-college relationships, program appraisal, and follow-up of graduates after they have entered the profession.

CURRICULAR IMPROVEMENT IN SUBJECT FIELD

Key to the success of the interdisciplinary team in teacher education is its capacity to bring all resources to bear, in appropriate ways, on the improvement of the program of studies offered to prospective teachers preparing to teach various subject fields. Achieving this kind of cooperation within the academic community is a difficult assignment indeed. Professors guard their special interests with unequaled tenacity. Consider, for example, the challenge of bringing an appropriate emphasis to such studies as economics, sociology, political science, anthropology, geography, social psychology, and philosophy for prospective teachers preparing to teach the social studies. Or think of what is involved when an emphasis is sought for such fields as astronomy and the other space sciences, physiology, and certain of the ignored biological sciences for teachers who major in the teaching of science in elementary and secondary schools. Or one might think of the conflicts that will ensue as plans are made to ensure that prospective teachers of English are given appropriate preparation in such fields as linguistics, world literature, or even in the more recognized areas of speech and dramatic arts. Clearly, the role of catalyst for curriculum improvement for teachers in a subject field is not an easy one. Yet it is one that can well be assumed by the clinical professor, for he, as much as anyone else, has an opportunity to observe the product. And he, if he possesses initiative and vision, plus the respect and support of his school system and the university, is truly in a position to effect constant improvement in the quality of this product.

A SYSTEM FOR TEACHING

The simple idea of a student on one end of a log and a teacher on the other as a setting for learning has long since become obsolete. Equally obsolete in this age of highly developed communication technology is the notion that one teacher can be all things to all students, in either the elementary school or in the subject field at the secondary school level. If the kind and quality of education needed are to be achieved, some sort of a systems approach to learning must be developed. The clinical professor as a scholar-teacher will stand at the center of efforts in this direction. He will be able to do so because the system will provide help in the form of relief from non-professional chores. He will benefit from the backup assistance of other team members. His role will be that of synthesizer, organizer, and professional interpreter for the systems operation. If the systems approach is to be established in the schools, it is vital that prospective teachers have opportunities to learn how to adapt under new approaches to learning and teaching. The clinical professor, maintaining liaison relationships between the school system and the preparing institutions, stands at the apex of efforts to improve both schools and teacher education programs.

PRODUCT ACCOUNTABILITY

No system of teacher education can be effective without constant attention to the evaluation of its products. Hopefully, the age of counting college credits as a measure of the ability of prospective teachers to teach is now past or passing. With anticipation we can hope that the future will bring an emphasis on quality in the evaluation of those certified to teach. The clinical professor holds a position of natural leadership for organizing the procedures for qualitative evaluation of the kinds of teachers being produced.

The Test of Time

IT IS in such a setting of interdisciplinary concern and hopeful cooperation to improve the education of teachers that the clinical professorship is being created. This new position comes as an integral part of the growing revolution in teacher education—a revolt as much as anything else against the divorcement of teaching from scholarship. It carries with it the hope that teachers of the future will have the full benefits which the interdisciplinary research of appropriate institutions can provide and will be taught teaching skills that are attuned to the pluralistic reality of the times, under methods that make full use of all that is known in educational technology. New approaches must always stand the test of time. They operate under mandates of circumstances that have grown out of the past and focus on the future. The clinical professor confronts circumstances that promise to thrust interdisciplinary relationships upon him. His response and capacity for embracing the possibilities and responsibilities of such relationships will be vital to the success of the mission.

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The University of the State of New York

DISCUSSANT

I learned something this morning. I learned that you don't prepare your questions as a discussant on the basis of the paper that was handed to you. The ad-lib remarks this morning answered many of the questions that I raised.

I was pleased to follow a dual professor, one whose assignment includes political science, because that is my field. I am very humble, however, in proclaiming this because it is obvious that a former dean of education who, by his own confession, indicates that deans of education are good politicians is one jump ahead of a theoretical political scientist. The dual assignment that Northwestern has given Dr. Stiles as a professor of education and a political scientist is a beautiful synthesis of his qualifications.

Those of us from the New York State Department of Education are particularly interested in this discussion of the clinical professor and the interdisciplinary team for two reasons. First, we have the Five-College Project in which we are trying to discover if the all-university approach, the interdisciplinary approach, will work for us. We are encouraging five colleges to build a program as they see fit, free from certification requirements imposed by the state. John Granito, Ted Andrews, and I are very much interested in this issue for another reason. We are constantly challenged by the Commissioner to improve articulation among elementary schools, secondary schools, and higher education. I think the clinical professorship, especially as described here today by Professor Stiles, is an excellent device for such articulation and for establishing rapport between the different levels of education. This may be one of its greatest contributions.

Of course, some questions occurred to me as I read Professor Stiles's paper and listened to him this morning. I think we have a vision here of a person who may be a paragon of all virtues. I hope we can produce the kind of clinical professors to make up an interdisciplinary team as described here. But I wonder if we can steer that kind of person through all the pitfalls that will beset him in his preparation.

The clinical professor will develop competence in an academic discipline. This means he will go a good way along the graduate school route in an academic discipline, perhaps even to the threshold of the doctorate. In the process, of course, he will find himself on that tortuous path where the traditional scholars and the graduate school get their mitts on him and begin to subtly propagandize him for a career in that particular discipline. He will need a lot of will power and a lot of encouragement to steer away from a career as a professor of education or of an academic discipline.

Assuming, however, that this person survives intact for a clinical professorship, what can we do to keep him in that position? Both the schools and the colleges have to make a special effort to give status to this position. Certainly your remarks this morning, Dr. Stiles, about the clinical professor's need for time to deliberate, to think and study, and even to travel, are extremely important. These perquisites of the scholar-teacher must be his. It will be difficult to bring these about. However, there may be several clinical professors working as a team complementing one another so that, as in a large college department, one can take a sabbatical leave without injuring the entire effort.

Quite apart, however, from the need to provide him with opportunities for scholarship, we must be alert to the fact that the clinical professor will face pressures to assume a regular professorship or a deanship. In my particular berth, every day I am asked by some college group, president, dean, or faculty group to suggest candidates for one or more administrative positions. Where do I look for these candidates? I look for younger faculty members who have made a reputation for themselves. If we get the kind of clinical professors we are talking about, they will be perfect targets. There are many administrative positions to be filled, and I'm afraid the academic community suffers under the delusion that we promote a good scholar-teacher by making him an administrator. This, I suspect, is a myth.

I mentioned before that we were involved in the all-university approach to teacher education in New York State. I suspect, however, that one has to be cautious about institutional claims in this regard. Dr. Stiles claims he is involved in such an approach. From our point of view, so are we. You may have paper committees, and you may have paper commitments. Is there, however, a real commitment applied in practice to the all-university approach? Do the faculty members from arts and sciences not only serve but take their jobs on these committees seriously and understand enough about the science part of learning to be effective participants in a discussion with educationists? And vice versa, of course, from the educationists' point of view, do they really want to tolerate the wholesale involvement of their colleagues from arts and sciences?

I feel the wall between education and liberal arts is still very much intact. I think institutions such as Northwestern are doing much to reduce that wall, if not eliminate it. But before you reduce a wall, you have to know what caused it to be put up in the first place. You must identify these psychological, sometimes irrational, barriers that exist, and this is not an easy job. Dual professorships may be a part of the answer, and I think clinical professors who have come up the scholarly route are certainly a part of the answer.

Another question—Dr. Stiles touched on it—is how can we involve an interdisciplinary team in a genuine manner in disciplines that are not normally involved in the training of teachers? I am remarkably innocent about teacher education because, as a political scientist, I was never involved in the training of teachers. I think my colleagues in economics, sociology, anthropology, philosophy, social science, and the humanities are in the same boat. Somehow an interdisciplinary team must involve these disciplines. I would agree completely with the statement made about historians having pre-empted the field of social science because of their particular role in the training of teachers.

DISCUSSION I

The Problem of Status

THE CLINICAL professor's acceptance as a full-fledged faculty member and his participation in policy-making is a serious concern in a number of institutions. Unless a clinical professor is capable of teaching an advanced course, some faculties give him a second-rate status. Aside from the acceptance of the clinical professor by the other members of the faculty, the interdisciplinary involvement of scholars and professionals in teacher education is the key to reform in this field. If we can't make teacher education a function of the entire university, then we might just as well create an institute apart from the university for the professionalizing of teachers.

Traditionally, the academic world has used a totem-pole arrangement for judging and rewarding faculty performance. Many institutions, however, are undergoing a real shake up because of the wide variety of staff members necessary to operate the university. The computer specialist, for example, frequently is one of the highest paid persons on the university staff. He probably does not hold a doctorate. The demands of educational technology are such today that a school without such personnel will become very little more than a library with people running in and out checking tools. We are betting that the various departments in colleges or universities will broaden their views of who can be a professor.

Interdisciplinary Role: Rewards and Dangers

THE RESPECTABILITY of the clinical professor, a practitioner, develops most easily if he has his own special expertise. This special expertise comes from his study of the process of teaching and from raising those questions about teaching for interdisciplinary research. The clinical professor functions in an interdisciplinary role in academic government, policy-making, research, and training teachers. In these latter two tasks, the clinical professor should raise questions about teaching. This can be the clinical professor's unique contribution through which his academic respectability and status can grow.

A danger, however, runs alongside this interdisciplinary involvement. It may be unrealistic to expect the clinical professor to spearhead those reforms in higher education heretofore not made by the members of the profession itself. This may very well dilute the basic purpose of the clinical professor, originally conceived as the direction and supervision of the clinical experiences of young people preparing to teach. This is not to say that the clinical professor cannot become involved in broader university functions, but the danger is that such broader involvement will not only dilute the major effort of the clinical professor but will also cast unreasonable expectations upon him. The walls surrounding the various disciplines in a given academic community are raised for a wide variety of reasons. We may be rather unrealistic to expect the clinical professor to breach those walls when, historically, the academic disciplines themselves have been unable to do so. The academic community should organize itself for the important things that it must do, one of which is teacher education. Rather than dissipate his energies trying to solve the problems of teacher education, perhaps the clinical professor should focus these energies on the improvement of the student teaching experience.

Qualifications of Clinical Professors

To ADEQUATELY supervise student teaching, the supervisor must understand the realities of classrooms and school operations. One of the difficulties is to find faculty members who are not only competent in their subject field but who also understand school practices and school operations. This is particularly true in the supervision of elementary education. A number of solutions have been tried. Brooklyn College, with about forty to forty-five students in elementary education in practice teaching at any given time, uses about ten teachers from the elementary schools on a lend-lease basis with their boards of education. These supervisors are employed full-time for a period of two years. Brooklyn's experience with this arrangement has been satisfactory. These elementary teachers join the university staff as lecturers, and the university carries the financial responsibility for them. They bring desirable freshness and realism to student teaching supervision. Brooklyn College has found, however, that these people do not lead in innovations; nor are they typically skilled in research. Their status with faculty colleagues, moreover, is not clear, despite professed efforts to treat them as colleagues in every possible way.

If clinical professors are restricted to supervision only, there are good reasons to suspect that they will not, in fact, make any particular impact on the total faculty operation. Neither will they have full opportunities to earn acceptance as colleagues in their university affiliation. The clinical professors differ from most other professors of education in that they have a continuing responsibility for teaching a group of pupils. When the clinical professor is removed from that teaching context, he is just another professor of education. The person who teaches a classroom of children for part of each day comes to the business of undergraduate teacher education with a different approach from that of the person who taught in the classroom at some time in the past. The longer the clinical professor has been away from classroom teaching, the more removed he becomes from the reality of teaching.

Interdisciplinary Partnership

ONE CONCLUSION seems certain. It is quite unlikely that such clinical experience in the classroom can be enjoyed without disturbing other people in the university. As Dean Stiles pointed out, this kind of discussion frequently leaves the impression of great institutional effort to sway without actually moving its feet. Teacher education carries a century-old heritage of separation between the school of education and the academic disciplines. There have been only a few years of concerted involvement in the preparation of teachers by a few disciplines such as mathematics and science. Unless some kind of interdisciplinary partnership develops in fact as well as in theory, school systems themselves may take over the task of preparing teachers via some kind of institute of education and completely bypass the colleges and universities.

One crucial question is whether we will maintain teacher education as a university function or perpetuate the isolation of the professional preparation in a school of education. The development and utilization of clinical professors is certainly no answer unless it is quite clear as to who takes the responsibility for the preparation of the teachers. Up to this point we have permitted the academic departments very little ownership of the program in the elementary and secondary schools. The clinical professor can help restore this joint ownership. So far as teacher education is concerned, the clinical professor ought to be the most important professor in the university.

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The Clinical Professor in Education

22/23

ROBERT MAIDMENT

Director of Clinical Experiences and

Assistant Professor of Education

Northwestern University

A PROTOTYPE OF THE CLINICAL PROFESSOR IN EDUCATION

"I hate a pupil teacher, I endure not an instructor that comes to me under the wardship of an overseeing fist." Milton

I HAVE attempted to perform a bit of pulse-taking in regard to our staff of six clinical professors. The approach is more pedestrian than ethereal. For two years I have been actively involved in the identification, selection, direction, and evaluation of those persons charged with coordinating off-campus, or clinical, experiences. In essence, therefore, this is *their* story in simple affirmation of Yogi Berra's contention that "one can observe a lot by just watching."

There are three relevant statements which ensure a competent introduction. The first, by Robert N. Bush of Stanford, implies the need for the clinical professor; the second, by James B. Conant, defines the task; and the third, by John I. Goodlad, further refines the role. According to Professor Bush:

> Practice is necessary in learning to teach, a supervised practice that provides for the daily interrelating of theory and practice by highly skilled teachers working with novices, first mainly in the preparing institutions and gradually by mature and senior colleagues in the field.
>
> These senior men and women in the schools need to be looked upon as clinical professors in the preparing institutions, with responsibility for a small number of trainees—two or three at most. These persons must be excellent practitioners so recognized by their colleagues, with an excellence based upon their teaching skill and artistry which has been proven by experience at the levels where the teachers they are preparing will begin their careers. These clinical professors ought to work in beacon-light schools that are approved as preparing schools where there is more money, more status, and more prestige than in "typical" schools. Such schools should not all be located in the best parts of town, but should also exist in the gray areas of the great cities.[1]

To this, Dr. Conant adds:

> The clinical professor of education is prepared by training to understand what other specialists have to say, and inclined to listen to them, and prepared by continuing experience in the elementary or secondary school to demonstrate in concrete teaching situations the implications of expert judgment.
>
> The clinical professors must be master teachers who themselves periodically teach at the level of those being supervised, and who are given by the college full recognition in salary and rank of their essential function. They must not be treated as second-class citizens of the university. The clinical professor will be the person responsible for teaching the "methods" course. Such courses, designed to guide student teachers to the best instructional material in the field as well as to assist them in the planning and conduct of instruction, should be part of the practice teaching experience. The clinical professor must be a master of teaching

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[1] Robert N. Bush, *Self-Determination and Self-Regulation in the Profession of Teaching* (National Commission on Teacher Education and Professional Standards, National Education Association of the United States, Washington, D.C., 1962), pp. 45-46.

> methods and materials; he must also be up to date on advances in the educational sciences and know how to apply this knowledge to the concrete work in which his student teacher is involved.[2]

Finally, a few notes extracted from a talk presented by Professor Goodlad at Northwestern's Conference on Teacher Education:

> The clinical professor maintains a clinical practice. He is not a person who at one time did teach English, history, social studies or what-not in the public schools and who is not now involved in the current curriculum reform movement in any way. The clinical professor might be released on leave and I hope he would not be released on full leave so that he will get away from teaching and no longer fulfill the clinical role.
>
> Ideally, this would be a person who has a master's degree or the equivalent in the subject at the high school level and the equivalent of a master's degree in education. Next, this individual holds some kind of joint appointment with the university which depends on maintaining the clinical practice and which is rescinded when he gives up his clinical practice.[3]

The Clinical Professor

A WORKING definition for purposes of this discussion does not seriously violate either the Conant or the Goodlad versions. The clinical professor in education is a practicing teacher possessed of a dual allegiance. Serving contractually with a school district, the clinical professor is a recognized "master teacher" whose talents are jointly shared by a university in the preparation of elementary and secondary school teachers. The clinical professor is involved in imparting special methodology to the teacher aspirant either as a consultant to the academician assigned to the course, as a cooperating teacher of the methods course, or as the teacher. Additionally, he serves the university as adviser, critic, and liaison with his employing school district. He holds appropriate faculty rank which is contingent upon his remaining in contractual service as a teacher in a school district. The dual involvement is not without consequence. "Standing as he does with one foot in the school and one in the university," according to Dean Chandler, "the clinical professor should be able to make significant contributions to instruction and curriculum development in both schools and universities."[4]

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[2] James B. Conant, *The Education of American Teachers* (New York, McGraw-Hill, 1963), pp. 62, 140.

[3] John I. Goodlad, excerpts from a talk presented at Conference on Teacher Education, Northwestern University, November 16, 1964.

Teacher Education: Past and Present

NORTHWESTERN obviously doesn't hold a corner on the teacher education market. With a quarter-million neophytes assuming contractual service each year, the demand for variety and quality in pre-professional experiences is assuming greater proportions. According to President George Angell, State University College, Plattsburgh, New York:

> The education of teachers must not be left to chance. It is time that their education be organized systematically around research, community service, and the creative arts for the specific purpose of achieving these skills and attitudes. This, in turn, requires a massive effort to use the outside world as the classroom—and this will be done only at the expense of academic heartaches, attack, and counterattack.[5]

Recent developments, local, state-wide, and national, are promising. Among the professional groups currently devoting attention to upgrading pre-professional activity, both cognate and clinical, are the American Association of Colleges for Teacher Education, the Association for Student Teaching, and the National Commission on Teacher Education and Professional Standards. The assignment this afternoon is to zero-in on a single role within the teacher education theater. Who is this person, representing the groves of academe, generally labeled "college supervisor" who, in an acro-clinical setting, is embroiled in the processes of assigning, advising, observing, evaluating, and recommending student teachers? For many years at Northwestern this person was likely to be (1) a "retired" administrator and former teacher known and respected in his assigned district, (2) a former teacher and part-time housewife unable to accept or endure a full day at either assignment, or (3) a graduate student with limited experience and correspondingly limited funds. Given this randomness in selection it is no small tribute to them and to their valiant mentors, who accepted direction of the student-teacher program as a form of involuntary servitude, that they apparently succeeded and survived.

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[4] "The Nation's First Clinical Professor," *School and Society*, No. 2274 (March 5, 1966), pp. 116, 118-19.

[5] George Angell, *Department of State Bulletin*, Vol. LV, No. 1412 (July 18, 1966), p. 102.

The assignment of these persons to schools was generally made more often on the basis of geographic rather than upon instructional efficiency. The supervisor usually tended a cluster of schools, sometimes in a single district. His singular talents were stretched because his charges were multidisciplined. That he may have had a preponderance of student teachers representing his discipline was purely administrative happenstance. So he continued to be all things to all teachers as he carefully recorded his mileage between outposts. The monthly accounting of his portal-to-portal peregrinations revealed an inordinate amount of time spent in transit.

Within the past few years Northwestern surveyed *all* teachers in one of its cooperating districts (1) to evaluate the many teacher-preparation experiences that they received as undergraduates, and (2) to evaluate the Northwestern student teaching program. Two brief excerpts from this study are pertinent. Regarding the teachers' perceptions of their own preparation, the report states:

> The college supervisor for the majority of the respondents did not serve any useful purpose. Generally, the college supervisor did not come often enough to actually see what the student was doing or to see how he was progressing. When the college supervisor did come to observe it was usually to grade the student. Many did not take time to confer with the student or help the student improve obvious weaknesses. In most respects the lack of

> proper supervision by the college or university is the weakest link in the teacher preparation programs. The cooperating teacher and the cooperating public school are delegated the responsibility of the college or university by default.

Regarding the Northwestern program these teachers were equally candid:

> The student teachers and cooperating teachers were dissatisfied with the kind of supervision the university was providing. The college supervisor did not come to supervise the student teacher very much, usually only twice. When the supervisor did come, he did not offer worthwhile comments or criticisms. Most of the supervision had to be done by the cooperating teacher. The cooperating teacher did not feel she should be the sole person responsible for the student teacher. A recommendation was made that the roles of the cooperating teacher and the college supervisor should be clearly defined. The university should assume more responsibility for the growth of the student teachers and their clinical experiences. And predictably, the cooperating teachers did not like the evaluation form they had to fill out.[6]

Terminology

In [illegible] for our clinical professorship, several questions were pondered. (The term, "clinical professor," although not initially embraced with enthusiasm, has prevailed. The term, "jointly appointed professor," was confused with a like term identifying interdisciplinary scholars; besides, a further naming of the appropriate "joints" was necessary. Similarly, "adjunct professor" failed to denote precisely what we had in mind; water is adjunct to a sponge—never a part of the fibre. One deterrent in using the present term, however, is that teachers may be perceived as "clinical" subjects; rather, the adjective applies to the *setting* where specific tasks are performed.) The professional skills and personal competencies of the clinical professor had to be determined. Interestingly, the advisability of recruiting the clinical professor from the college ranks and having him appointed as a part-time teacher in a school was entertained in earnest but discarded with dispatch. We might pause to proffer a citation to Edwin Fenton of Carnegie Tech, an early clinical professor "in reverse." Professor Fenton exchanged roles with a Pittsburgh secondary teacher and could discover only one room in the entire school sufficiently quiet for study—the chemistry storeroom. He never found any leisure activities similar to campus life; no coffee with the students, little chance after class to talk, no office hours to clarify a discussion point, and, although he didn't mention it, probably no office at all.[7]

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[6] These statements are extracted from an unpublished report by faculty members of the School of Education, Northwestern University.

Definition of the Clinical Role

OTHER questions concerned the clinical professor's status in his school district, his pension, his salary, his relationship with colleagues—especially his department chairman and his principal. And, from the college vantage point, what was to be his specific assignment? Would he teach the special methods courses? What about faculty rank and accompanying perquisites?

It was generally agreed that the clinical professor (or, as the schools might identify him, the "professor-in-residence"), initially must possess whatever characteristics are embodied in the phrase, "master teacher." He is at once a *careerist* with at least a half-dozen years of front-line experience in an innovative climate; a *practitioner* whose competency elicits accolades, however subjective, from other professionals and laymen; a *researcher* whose specialty involves the interaction of children with appropriate materials, continuously tested and refined; a *preceptor* who competes academically on the frontier of his discipline; a *propagandist* who extols the virtues of specific curricular reforms and energizes his colleagues into appropriate action; a *packager* who designs activities to widen the streams of competency among prospective teachers in selected clinical settings; a *humanist* who is concerned with values and the making of thoughtful choices among myriad alternatives.

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[7] Richard B. Ford, in a paper presented to the Inter-University Committee on the Superior Student, Denver, Colorado, April 7-9, 1965.

Additionally, it is well for the clinical professor to be articulate, personable, and possessed of an academic record capable of passing muster with the graduate deans were he applying for doctoral studies in his discipline. The Renaissance man reincarnated? As if enduring the interview ordeal with Dean Chandler and his faculty wasn't a sufficient hurdle!) The good huntsman nails his quail "on the rise," and our quarry are persons on the rise professionally. The double-A standard, Able *and* Ambitious, is their hallmark. To expect less is to condemn the tutorial and clinical program to an early demise. If we are indeed implementing an avant-garde program in teacher education, staff quality cannot be compromised.

Status of the Clinical Professor

AN INSISTENCE upon the clinical professor's maintaining daily contractual contact with elementary or secondary pupils has not been without predictable reversals. Naturally, school districts value and reward the very talents we seek. Our first official "drop-out," understandably, was appointed to an elementary principalship by his board. We have stretched Dr. Conant's "recency of experience" criterion one notch by demanding "immediacy of experience." (When-you're-out-of kids, you're-out-of-here!) This becomes, then, one of our built-in tasks—sustaining a competent cadre of clinicians. To date, anticipated status problems have not arisen. The university must exercise caution to preclude overextending the clinical professor's time and talent. This entire scheme could be contrived solely to conserve university time and money. In actual practice, however, a premium is paid for quality. The clinical professors are earning considerably more than did their predecessors. In placing, observing, and evaluating student teachers or MAT's, the optimum assignment should not exceed ten students per quarter or thirty per academic year. Presently, the clinical professors conduct a once-weekly seminar for their students. During the ensuing academic year, capitalizing again upon their unique role as liaison officers with school districts, the clinical professors will be provided spot assignments with the tutorial groups.

One may claim that student teachers are yet oriented to the art and science of teaching by the supervising or critic teacher *in the classroom*. No argument. I would hasten to suggest that however peripheral his service may be, the clinical professor, as catalyst, further refines this precious and often delicate operation. No longer the seldom-seen university itinerant, the clinical professor is often a colleague-in-residence; representing the identical discipline, he becomes the *frater-in-urbe* speaking the same language. The dialogue here, I would further suggest, is probably more in tune with the needs of the neophyte, for this is "resident" conferring with "resident." Rina Youngner, Carnegie Institute staff member, in correspondence with Daniel Powell, Northwestern's first clinical professor, suggests an added dimension:

> When the clinical professor is involved with supervising student teachers, he would have two goals in mind: to provide practical experience for his student teacher and to introduce a veteran teacher to new materials and approaches. If he should find a cooperative teacher, he might propose that both the student teacher and the experienced teacher experiment with new materials, new techniques, new ideas. The three together would work out the strategy of the experiment.[8]

Benefits from the Clinical Approach

IF I WERE to signal any immediate gain for our clinical professors, it would be in regard to the weekly seminars. Here, imagination has run rampant. No longer restricted to the university classroom, the seminars are scheduled in the schools. Grouping patterns have varied; in one situation Northwestern's clinical professors planned a series of orientation programs for *all* student teachers from *all* universities assigned within the district. A few students have been involved in closed-circuit TV teaching, an activity not presently included in on-campus programming. School district skill specialists are frequently involved in seminar activity. This, again, is encouraged by the close professional association of the clinical professor with other school personnel.

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[8] Personal letter dated April 26, 1965, to Prof. Daniel Powell of Northwestern University from Rina Youngner of Carnegie Institute of Technology.

One must accept these descriptions as scattered tiles in a partially completed, but carefully planned, mosaic. As we further explore the core and boundary of learning activities for teachers, we must be alert to appropriate program adjustments. The blending of school and university talent must not breed cross-sterilization of ideas; the tutorial and clinical activities should not be infected with the predictable sameness so characteristic of earlier efforts; the absorption of educational technology must prove instrumental rather than incidental; the leadership for innovation in teacher education must become omniscient, not omnipotent.

The design to move teacher education into the mainstream of intellectual life at the university is in motion. A focus on each of the facets, however, provides greater continuity. The danger that a newer, brighter orthodoxy may be replacing an older, tarnished one is ever-present. We haven't succumbed, yet. Our program is transitional in nature and perhaps has yet to shed completely the vices of the past for the devices of the future. This is a tutorial *and* clinical program. The elements are mutually dependent. Time will effect a congruence. At this juncture, we are pleased with the clinical professorship arrangement. The prognosis is positive for continuous refinement.

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RESPONSIBILITIES OF SCHOOL SYSTEMS FOR CLINICAL EXPERIENCES

The stated purpose of the Tutorial and Clinical Program is the preparation of excellent teachers. The development of this innovative program has clearly demonstrated the need for an all-university responsibility and an obligation on the part of cooperating schools. This paper discusses the responsibilities of school systems for clinical experiences, a vital link in this new approach to improved teacher education.

Clinical Experiences

OUR NOTION of clinical experiences is quite different from the usual limited contacts a student teacher has in the typical school. Experiences are clinical, according to Goodlad, when an effort is made to teach and justify practice in the light of theory and principle. The professional preparation of teachers under this program combines tutorial and parallel laboratory experiences which will extend over the four-year college course. The clinical experiences will place "the prospective teacher in contact with pupils as a tutor; in the classroom as a teacher aide and as a student teacher; and in the local school system as an observer, researcher, and informed participant." Significantly, a clinical professor, a superior practicing classroom teacher in a cooperating school, will direct and supervise the field work of the students enrolled in the program. The importance of the cooperating school systems in this teacher education program is obvious.

Responsibilities of Cooperating Districts

CAREFUL selection of cooperating school districts is necessary to provide the kinds and quality of laboratory experiences and other resources that are needed. Not all districts could or should qualify to meet the rigid requirements essential in this program. The value of this new approach to teacher education is related directly to the quality of the clinical experiences in a school setting, but there are other obligations that the school systems should fulfill.

A fundamental responsibility of a cooperating school district should be a commitment to an action program for the professionalization of the teacher's work. Efforts to make the most effective use of the time, skills, and talents of teachers should permeate the whole system. Innovations in the role and functions of teachers should be planned and developed. Assignment of non-professional tasks should be made to less skilled persons. Technological advances, particularly in communications, should be utilized to advance the productivity of teachers. Professional training is not likely to result in the development of professionally minded teachers unless the students have clinical experiences in schools where teachers function professionally.

Another obligation of the cooperating school district is to be effectively involved in curriculum change and instructional improvement. Such schools should place high priority on educational exploration and experimentation in a continuous search for ways to improve the program of instruction. These schools must be staffed with skilled and imaginative teachers, under strong, creative leaders, who understand the process of change in education and who are prepared to act as effective agents for curriculum reform. The challenge in these school systems is to find out what is most worth teaching and how to teach it. A high level of professional education can be achieved in such an environment.

The student must have frequent and worthwhile experiences in classroom observation and participation. The purpose here is to help the student develop an understanding of the conditions and settings under which teaching and learning take place, to observe and analyze the teaching behavior of various teachers, and to participate as an effective member of the teaching team. Observation and practice must be continuous and carefully planned and directed to be educationally effective. A wise selection and effective use of teaching models with various subject specialties and teaching styles is an important responsibility of the school system. The identification and assignment of practical classroom and other school tasks should be made with due regard to their training value and to the needs of the individual students.

The cooperating school district has the responsibility to see that practice teaching is a meaningful learning experience and results in a high level of competence and satisfaction. The key persons in the realization of this goal are the supervising classroom teacher and the clinical professor. The teacher-supervisor should be a master teacher who teaches the same students and the same subject content. The supervisors must be selected on the basis of their skill in analyzing and evaluating teaching, and their ability to communicate this analysis and appraisal and to influence improvement on the part of the practice teacher. Sufficient time must be provided for this important task of supervision. The school should give recognition and remuneration for merited ability and performance. The university should share the cost of the supervisor's efforts to upgrade his competence and to further his education.

The cooperating school system has a unique opportunity to develop the role of the clinical professor as the most influential agent in teacher education reform. The school system has a responsibility to recruit and develop teachers who will constitute a potential pool of future clinical specialists. These classroom leaders must merit and receive recognition and status not only in their own subject areas but in the school and throughout the school district. A school system must extend the same opportunities and privileges to clinical professors who are members of other school faculties but have assignments in the local school system.

Role of the Clinical Professor

MUCH thought and effort have been spent to date in defining the role of the clinical professor and promoting his acceptance and status at the university. It is probable that less attention has been given to the potential of this new position in the school system and to the establishment of satisfactory working relationships, particularly with the building principal, department chairman, and supervising teacher. What is the expectancy of this staff position for improved scholarship, for more effective teaching? Does the half-time arrangement compromise the opportunity for a high level of influence and performance in the school systems and at the university?

The clinical professor has as his responsibility the direction and supervision of the clinical work of the students enrolled in the program. His contributions to the school system should extend much beyond this assignment. He should enlist the services of other staff members to participate in various phases of the field experiences. He should be an active participant in projects directed at curriculum development.

He not only must be a master teacher in his field but he has the added qualification of being skilled in developing teaching competencies and evaluating teaching performance. There is considerable evidence that in some schools the quality of teaching has been improved more by the joint planning and the sharing of practices by members of teaching teams than by the supervisory procedures of school personnel who have "advanced out of the classroom." Further attempts should be made to develop cooperative activities of teachers where the objective is the improvement of teaching. The clinical professor can be a key person in this effort. Perhaps there is another value in this new position. It does "defrost" the fixed staffing pattern found in most schools and extends the utilization of the best teachers, including the clinical specialist.

School-University Relationships

THE SCHOOL system has the responsibility to help maintain a cooperative working relationship with the university. The district shares the responsibility, but to a lesser degree, of seeing that each phase of the program is carefully planned and implemented, that the activities of all persons involved in the program are coordinated, and that adequate provisions are made for evaluating the effectiveness of the program.

The district recognizes that the emphasis in the program is on the close relationship between theory and practice. This purpose is realized by the university and the schools insisting that professional study is integrated with observation, participation, and student teaching.

The program staff has made frequent reference to the importance of assessment and the likelihood of "continual modifications and restructuring of the variable components." It is urged that a spirit of cooperation be maintained as the program is developed, evaluated, and modified. School districts must recognize the uniqueness of this program, how it differs from other teacher education programs at the university and at other training institutions. The superintendent might well delegate more responsibility for the operation of this program to the building principals and to the clinical professors. School policies and procedures relative to teacher education may occasionally require modification or exception when applied to clinical experiences. This is as it should be. The school should be even more concerned than the university with the answer to the critical question, "Can students be prepared for teaching in a better way and, if so, by whom?"

The school district has a financial responsibility in the program. The clinical professor has a joint appointment, and the university shares the cost of his salary. What is the proper allocation of costs among the cooperating districts and the university now and when foundation funds are not available? The education of teachers is expensive, but relatively inexpensive compared to the costs of training in medicine, dentistry, and law. Greatly improved programs of teacher education are needed, and they will cost considerably more. Currently the nominal amount paid for the services of supervising teachers is ridiculously small. These services should be priced at many times their present cost. Are these expenditures a proper charge to the university, to the student, or to the school? Or what share should be assigned to each? It has been proposed, under our present plan of local control, that larger state and federal subsidies for teacher training would be justified.

Responsibility for Teacher Education

If various functions in the preparation of teachers are shifted to the schools, perhaps increased funds should be made available to the school systems. On the other hand, if teachers in training render more and effective services, these are legitimate expenditures of the schools. Adequate support for the professional education of teachers is necessary from whatever source. School systems should assume reasonable financial obligations in the training of teachers.

School districts finally have the responsibility to push back the frontiers of knowledge about teaching and learning. Some of the experiences of students are primarily university-centered; the learning is essentially theory-oriented. But many other experiences require the use of a school setting and are more practice-oriented. The clinical experiences afford the students an opportunity to test the practicality of their understanding of theory and principle. Currently there is a lack of dependable evidence on which to predict the results of professional training. There is need for a vigorous program of research. The school serves as the laboratory; the university largely supports the research staff.

Field operations must be placed in an intellectual frame of reference. Educational research and development must begin and end in school practice, and a working relationship must be established between school personnel and persons skilled in research at the university. Research findings related to professional education will affect classroom practice when solutions to problems are systematically sought in the natural setting—the classroom. The practitioner in each classroom has a research role and an obligation to fulfill it. He frequently fails because he does not know how to make effective use of the research techniques that are available to him. Provision is made for such professional help to students enrolled in the program. However, the need is much greater. Consultant services should be made available from the university for the study of teaching and learning problems throughout the cooperating school systems. Some school systems seek extra dividends for their role in teacher education. These services could well result in great value and significance to the program of teacher education and the schools.

The university and the school systems are cooperatively engaged in a challenging and promising new approach to teacher education. The success of the venture will depend upon how effectively each segment of the operation fulfills its commitment. The school districts have many and varied responsibilities for the clinical experiences of students enrolled in the program. These laboratory experiences are crucial in the development of excellent teachers. Our efforts must succeed, for the need for quality and efficiency in our nation's classrooms was never more pressing. This new approach to teacher education can have widespread influence and development.

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DISCUSSANT

I first address myself to the question of identifying the characteristics of the clinical professor. This was Dr. Maidment's primary task, but Dr. Michael offered some very useful suggestions. Both men see the clinical professor as a practitioner well grounded in both his subject and the methods of teaching it. The latter task concerns me. I have these questions:

1) *How much should the clinical professor know about educational theory?* He may be a long way from his own preparation in professional courses, and, if he is a typical high school or elementary school teacher, he will have had neither the time nor the inclination to return to the university to refresh himself in this area. If so, should this task of transmitting such knowledge be left to his university colleagues who teach the professional courses?

2) *In the same vein, how many clinical professors would have the ideal preparation, as suggested by Professor Goodlad,*[1] *of a master's degree or its equivalent in both a subject field and in education? Is this idealistic or realistic?*

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[1] See *Innovation in Teacher Education*, ed. Elinor Krumbein (Evanston, Northwestern University Press, 1965), p. 29.

An interesting parallel emerges here between the oft-maligned professor of education who allegedly doesn't know what's going on in the "real world of teaching" (I have been careful to place that in quotation marks) and the practical classroom teacher who may be out of touch with modern learning theory. Dr. Conant has stressed the importance of psychology as a sort of laboratory science with which all teachers should be familiar. How conversant must the clinical professor be in this area?

I suggest that the clinical professors themselves may need additional training. Perhaps a federally sponsored fellowship program similar to the John Hay Fellows Program could add to the reservoir of potential clinical professors.

My next concern is with the characteristics of the participating schools. Both Dr. Maidment and Dr. Michael feel that the Tutorial and Clinical Program would work best in the better schools. Dr. Maidment mentioned Professor Bush's statement calling for participation by some schools not located in the best parts of town, or, as he phrases it, in the "gray areas." Incidentally, I might say that the schools presently affiliated with Northwestern's Tutorial and Clinical Program are top-notch schools. However, in order to provide broad clinical experiences we ultimately should include the merely average schools where the staff, student body, and plant are not the best. One of the aims of this new program should be the upgrading of weaker schools through university influence. University faculty, excellent student teachers, and other resources could have a significant impact on poorer schools, especially in the large urban communities.

Dr. Michael stressed the importance of the participating schools in the clinical program. He failed to mention that his own school, Evanston Township High School, is one of our strongest supports in implementing innovations in teacher education. For a long time, Evanston has shown a firm commitment to school-university cooperation. What I have to say about this cooperation reflects not only on Evanston Township High School but on all schools in the program.

The schools, as well as the university, must provide flexibility in the program of the clinical professors. It is very difficult, for example, to split the clinical professor's chores exactly in two. When

Dean Chandler wasn't listening, I used to describe my half-time appointments at Senn High School and Northwestern University as amounting to three-fourths at the high school and three-fourths at the university. The very nature of the appointment requires that the clinical professor not be held to rigid working hours. His schedule must be adjusted to provide maximum benefits to all concerned, including his public school pupils.

Dr. Michael has commented appropriately on the need for cooperation and smooth working arrangements with the administrators who act as coordinators and with the department chairmen. This is often a delicate problem since department heads are usually master teachers and may resent a clinical professor as interloper. When the chief school administrator stands solidly behind a program such as ours and when his position is clearly understood, both the clinical professor and the program benefit. The superintendent encourages the staff to regard the clinical professor as a colleague and the university as a partner in a common enterprise.

Dr. Maidment's reference to Professor Youngner of Carnegie Tech shows how imaginative programs provide a two-way street of reciprocal services and benefits. But Miss Youngner has also expressed some qualms about smooth relationships between clinical professors and individual teachers. She says:

> Teachers as a group are individualists. They tend to balk at being told what to do. A clinical professor may find himself in the position of being regarded as a tool of the school administrator. For instance, if a clinical professor is asked by a school supervisor to demonstrate a technique before a group of teachers . . . the teachers may feel that the administration is trying to foist something on them. The clinical professor must conquer the initial resistance and suspicion of the teacher before he can do anything constructive. Quite the opposite occurs when the teachers seek the clinical professor.[2]

My experience has been that most teachers are hungry for new ideas. I find this especially true in the summer workshop in the teaching of American history which I have conducted at Northwestern during the last few summers. Incidentally, more high school and elementary teachers should be involved in leadership roles in the NDEA-sponsored workshops, and you may go back to your schools with that message.

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[2] Personal letter dated April 26, 1965, to Prof. Daniel Powell of Northwestern University from Rina Youngner of Carnegie Institute of Technology.

My final remarks concern the responsibility of the university in a tutorial and clinical program. Dr. Michael's reference to paying supervisory classroom teachers is well-taken. This has been one of the most troublesome problems in the history of student teaching. Dr. Michael's suggestion of state or federal subsidies may be the answer. Meanwhile, I raise these questions:

1) Should the university pay the critic teacher a stipend? Should we follow the general rule that if a job is important enough to be done, one should be paid to do it?

2) Should the critic teacher be released from part of his teaching load both as compensation and as an opportunity to work properly with the student teacher? I consider this a crucial question. Harassed teachers cannot do justice to the role of critic or supervisor. Furthermore, the clinical professor needs time to meet periodically with both the critic teacher and the student teacher. This time problem involves, of course, both school and university.

3) Should the university repay the school by placing research facilities at the disposal of the school? This might include both personnel and hardware. Dr. Michael suggested a good reciprocal arrangement in which the schools serve as laboratories for projects which benefit both parties. This calls to mind the excellent cooperation of Evanston Township High School with the world history project of Professor Stavrianos of Northwestern University as well as the cooperative efforts of New Trier Township High School in the Northwestern Social Studies Curriculum Center.

The greatest responsibility of the university, however, relates to prospective teachers and their preparation for professional service. Again, this is a combined responsibility of the entire educational community, but it is especially tied up with the university. I will ask no questions here but make these few observations:

Course work should insure students an adequate subject matter preparation. I think this is fundamental. Our Tutorial and Clinical Program is designed to do this.

Repetition in professional courses should be eliminated. This is a cardinal feature of our new program.

Clinical experiences should start early in the teacher education program. Our program provides for this.

Student teaching assignments should give students the most meaningful experience possible, and their supervision should be regular and helpful. Here, I think, we are making headway, but much remains to be done. In this area, as well as in others, the continuing cooperation of school and university can make the difference between mediocrity and excellence in our future teachers. We hope this conference promotes such cooperation.

DISCUSSION II

Origins of the Clinical Professorship in Education

DR. CONANT's study of the preparation of American teachers noted that college supervisors of student teaching were quite often neither prepared nor inclined to regard the clinical preparation as a first order of business. Frequently the supervisor has little if any background in the teaching of the subjects he attempts to supervise, and, even more tragically, he is judged or evaluated on skills quite apart from the supervision itself. From this state of affairs, the concept of the clinical professor emerged and took shape. "Clinical Professor" is the title given by the Harvard Medical School to the first-rate surgeon. There is no question about his skill as a surgeon, but he has no interest in doing research. He does not publish papers on some facet of surgery. He rests his reputation on skillful performance in his field of competency. Similarly, the clinical professor's performance should be judged on the basis of his teaching and not on the conventional criteria for promotion in a faculty of arts and sciences or education. That is precisely why the concept was introduced.

Wide Range of Clinical Settings

THE PROGRAM at Northwestern University provides clinical opportunities in both disadvantaged and affluent schools. The tutorial students may select a variety of settings for their clinical work. It does not equate "suburban" and "innovative." The selection of cooperating school systems is extremely important in the initial stages of any such experimental program. The responsibilities of the cooperating schools are rather clear-cut, and it is quite normal to turn initially to those school systems which will fulfill their responsibilities to teacher education. Lines of communications, particularly in large, involved school systems, tend to get crossed and difficult to define. But regardless of this, the variety of clinical settings for students must be greatly increased. A broad range of sizes, systems, areas, operations, and complexities of school settings is vital to the clinical program.

Variations of the Clinical Professorship

THERE seems to be a general stereotype of the clinical professor as an expert in methods of teaching. This view carries two implicit problems: (1) the restricted view of clinical experience as work in a classroom, and (2) the notion of the clinical professor as a kind of super-teacher in a classroom. Clinical experiences and the clinical professors' role are much broader than those stereotypes, and to stop at that level of role definition unduly limits the total concept. Clinical experiences go much deeper than just how to teach or how to operate effectively in a classroom. It may be quite unrealistic to take a single individual and expect him to be an expert in methods of teaching, a clinical psychologist, a clinical sociologist, and a host of other things. The conference participants conceived of different models of clinical professors. This multi-model view, however, carries with it the possibility of fragmentation or division into types of clinical professors—a situation similar to that of the resource specialists, supervisors of student teaching, and other specialists within the teaching profession.

Diagnostic Role of the Clinical Professor

REGARDLESS of his specialty, the clinical professor should remain in the practitioner's role, rather than develop into a resource person. If the clinical professor, in fact, handles the problems of special methods seminars, it seems inevitable that he would develop some specialization. This does not mean, however, that his role must gravitate to that of a resource person. For example, the clinical professor of English would seem to be much better able to deal with the methods of teaching English than would the teacher or clinical professor of history. To go beyond the role of a specialist in a subject field, as does the supervising teacher that we know at the present time, the clinical professor must know how to study teaching and the problems of teaching. He must know how to identify problems, analyze them, and bring to bear the kind of intellectual resources necessary to solve them. He may very well be a diagnostician of teaching problems but will not necessarily possess the expertise necessary for the complete solution. For example, beginning teachers quite frequently have problems in role definition with their students. This is a problem of self-conception. The clinical professor will not necessarily be a clinical psychologist and consequently may be unprepared to go beyond helping the young teacher to define the problem. Once the teacher's problem is identified and analyzed, the appropriate resources can be brought to bear on its solution. This casts the clinical professor not in an all-things-to-all-men role, but in the position of diagnosing teaching problems.

Financing the Clinical Professorship

THE DIVISION of the clinical professor's time between the public school and the university is tied to the question of financing. If both institutions carry some financial responsibility for the clinical professorship, where does the money come from? If a sum of money is available, how should it be distributed? Does it go to the cooperating teachers? Should it go to the university to purchase the time of the classroom teachers and the clinical professors? Are there alternatives? The state should make an investment in the training of teachers—an investment it is presently not making. This might be handled through the state department of education. The universities should provide additional support for the preparation of teachers, particularly in the areas of finance and personnel. There is a legitimate call on the tax dollars at the local level for some financial support for the training of teachers. It is certainly right to ask that tax support be channeled into the preparation of teachers, over and above the nominal kinds of investments presently being made through the teacher training institutions. The public generally supports the allocation of state and federal funds for the preparation of other professionals, such as medical doctors. It is just as legitimate to use public funds for teacher training as it is to support the preparation of doctors. Such support should not be confined to teaching intern programs, since our present concepts of student teaching may very well be obsolete. The practice of a student's going out and doing a little package called "student teaching" and then being turned loose on a classroom of pupils is a travesty. Practice teaching ought to be done throughout the four years, starting with the student's freshman year. Each state should allocate to the cooperating public schools a sum of money based on the number of students doing clinical work in the school, regardless of the institution from which the students may come.

Benefits to Cooperating Schools

ON THE basis of present institutional support of student teaching, one might infer that teaching and the preparation of teachers are not very important in our society. Time for supervision and for analysis of teaching costs a good deal of money. The effectiveness of supervision depends in part, at least, upon time for reflective thought about what you know and what you are doing in the classroom. Supervision requires more than a few minutes conversation after class. In any discussion of the financing of student teaching, one frequently gets an impression that the responsibility for student teachers is an onus that local schools must bear. This implies that the schools get little from it except fulfillment of an obligation to the profession. Perhaps the opportunity for faculty members to be involved in this whole reflective process with student teachers provides some payoff for the local school itself, in addition to the value it has for the student teachers. Surely the senior student teacher, perhaps a month or so from graduation, has some value to the school system. It is difficult to conceive that this same student, just a short time later, might be worth $5,000 to $6,000 a year as a beginning teacher, yet under our traditional programs of student teaching, he apparently has no value to the school system until he actually has his degree. Imaginative use of the student teacher and a realistic evaluation of his services seem to be in order. To use the medical analogy again, we recognize the professional value and usefulness of the medical student prior to his full licensing as a practitioner. Such student interns, in fact, provide substantial professional services in hospitals. With proper training, student teachers could make equally substantial contributions to public schools.

Concerted Action for Legislative Support

If the colleges, universities, public schools, and state departments of education could agree on the nature, purpose, and needs of teacher training, they could go to the state legislatures and say, in effect, here is what we need for teacher training. Before such a collective approach is made, however, we must decide what is different about this or that approach to teacher education. What is the different substance, and how do clinical experiences differ in student teaching? The total student teaching experience may be dispersed or distributed over a four-year period, but that in itself does not justify a substantially increased state support. We must be able to evaluate such a program. Unless we can demonstrate that such innovative programs will produce better results, our chances of additional support are limited. All too often the legislators look for someone to give them answers. Dr. Conant suggested some answers to the problems of student teaching and the preparation of teachers. As soon as he did, however, many people, educators included, took pot shots. The result of the educators' sharpshooting simply was to provide an excuse for the legislators to get off the hook and do nothing. Unless or until educators can come to a general agreement on this student teaching problem, we can scarcely expect additional concerted support from public funds.

Development of the Clinical Professorship

Rather than contrive new functions for the clinical professor, we might very well search out imaginative ways of achieving existing goals in the preparation of teachers. A premature concern with accrediting programs for clinical professors could inhibit rather than promote innovation in teacher education. If any program of clinical experiences involving clinical professors is to work, it must be indigenous to the institution. Perhaps the basic issue is simply this: are we going to wait until "all the evidence is in," or can we tap now the ingenuity and resources of our universities and public schools to devise a way of doing better through clinical work that which is being done under existing programs? Regardless of the subtleties involved in evaluating teaching, and there are indeed many such subtleties, the clinical-experience-clinical-professor scheme will be accepted on the basis of what it does to foster and develop excellence in teaching performance. The acceptance and the exportability of the tutorial-clinical approach to teacher education will turn on a number of factors, one of which certainly will be the effectiveness of the program from the students' point of view. There must be some general agreement among the cooperating schools and the teacher preparation institution that this scheme works. It must be fiscally realistic. And finally, any such program must be adaptable and capable of varying interpretations in varying institutions. We must avoid replacing an old orthodoxy with a new one.

We must analyze the preparation of teachers, identify the goals, and provide those experiences and the personnel necessary to achieve the agreed goals. There is no merit in renaming student teaching "clinical experience," or renaming the college supervisor "clinical professor." Stale wine seldom improves by rebottling. To stop at such superficial analyses avoids the central issue, which is making teacher education relevant to the problems of teachers.

3

Administrative Arrangements

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ADMINISTRATIVE ARRANGEMENTS FOR THE CLINICAL PROFESSORSHIP

A DISCUSSION of the administrative arrangements for the clinical professorship must draw upon operational definitions of administrative arrangements and the clinical professorship. Administrative arrangements presuppose before-the-fact judgments about personnel policies, work assignments and responsibilities, and the interrelationships between the work of the clinical professor and the work performed by others in a teacher education program, such as other professors of education, critic teachers, and academic professors. Administrative arrangements are subject to review and change as experience with the clinical professorship is gained. The clinical professor is a teacher in an elementary or secondary school who by virtue of his excellence as a teacher has been selected to perform a major role in the teacher education program of a college or a university. He remains a classroom teacher but at the same time holds academic rank as a member of the education faculty of a college or university.

Organizational Problems and Dilemmas

ADMINISTRATIVE arrangements, no matter how well-conceived, cannot insure a program's success, avoid all organizational problems, or resolve the dilemmas endemic to such a complex enterprise as teacher education. However, if such arrangements do not blindly follow custom and habit but are based on a valid analysis of the job to be done and the resources available to do it, they can eliminate many problems, provide a rationale for solving many of those problems that do arise, and establish a functional decision-making framework for the reconciliation of operational dilemmas. A distinction is made here between organizational problems and organizational dilemmas. Organizational problems can be solved; organizational dilemmas can only be endured and hopefully, reconciled.[1] Dilemmas result from the need to make a choice in an organization between two alternatives which appear to be equally efficacious: for example, the exercise of expert judgment by the clinical professor to decide what clinical experiences are most relevant for a student in a particular school versus the demands of continuity and contiguity and the standards of a teacher education program.

Problems

THERE are two categories of problems which administrative arrangements for the clinical professorship as discussed in this paper are designed to solve: (1) problems of personnel administration, such as salary and fringe benefits, selection procedures, and requisites for continued employment and promotion; (2) problems of job definition and job assignment which determine to whom the clinical professor is responsible, for what he is responsible, and specify what he is authorized to do in the discharge of his responsibilities. Such problem categories exist in all organizations, but they are compounded in the teacher education organization by the fact that the clinical professor is an employee of both a school system and a university and is assigned several roles in both organizations. The old proverb to the contrary, he must, in fact, serve two masters. He is colleague, manager, and outside expert to fellow teachers. He teaches, as do they. He organizes the clinical experiences and consequently manages some activities of his fellow teachers. He is also a university professor. To the school administrator he is teacher, administrative colleague as he manages the clinical experiences, and representative of the interest of an outside agency, the university. To the university faculty he is school teacher and professorial colleague.

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[1] Peter M. Blau and W. Richard Scott, *Formal Organizations* (San Francisco, Chandler Publishing Company, 1962), p. 244.

Personnel Policies and Procedures

APPROPRIATE personnel policies and procedures must take into account the interests of both employing agents without allowing the clinical professor to be caught in the middle, not knowing where to turn for answers about his salary, promotion, and tenure. Since the clinical professor is selected because he teaches in a cooperating school system and since his employment by the university is conditional upon his remaining a teacher in a cooperating system, matters of salary, pension, teacher tenure, and teacher promotion should be determined by the employing school district. That school district should also be responsible for making and administering those rules and regulations which govern conditions of initial and continuing employment. The cooperating university can compensate the school district for the clinical professor's services, such compensation to be based on the time he devotes to university work and the gross cost to the school system of his salary, pension, and fringe benefits. The university may also supplement the clinical professor's salary if such supplement is not in conflict with established school policy. The university decides such personnel matters as selection of the clinical professor, initial faculty rank, conditions for promotion and, when applicable, university tenure. Such decisions must conform to established procedures and policies of the university if the clinical professor is to avoid being labeled an "outlander" and marked at the beginning as having no true faculty status.

Selection of the clinical professor by the university necessarily involves a cooperating school district. It is suggested that a school district nominate several teachers, leaving to the university the task of selecting one or more of the nominees for appointment as a clinical professor.

Initial rank, promotion, and tenure need to be based on the tasks the clinical professor is to perform, his qualifications for that performance, and the quality of his performance over a period of time. Some of the traditional university criteria for promotion, appointment, and tenure cannot apply to the clinical professor. For example, he need not publish nor do research to earn his place, for he is to be judged on his ability to impart to students the attitudes, knowledge, and skills which he has demonstrated as an excellent teacher. It seems reasonable to expect that any committee deciding on matters of appointment, rank, and promotion for the clinical professor should include one or more clinical professors to insure adequate evaluation of a clinical professor's contribution to the over-all teacher education program.

Complexities of the Clinical Professorship

THE CLINICAL professor's job is indeed complex since he must perform many different functions under the supervision of several people. If he is to perform such functions well, he must know to whom he is responsible, for what he is responsible, and what he is authorized to do. It is recommended that a school system designate an administrative official to whom the clinical professor will be responsible as he plans and directs the clinical experiences. The clinical professor must know to whom he is accountable, to whom he is to report, and who is to approve or disapprove his decisions about the clinical experiences carried on in a school system. The superintendent and board, recognizing that the clinical professor's responsibility for planning and directing clinical experiences requires that he coordinate the work of teachers, work closely with school principals, and perform such other functions as supervisors of student teaching now perform, should authorize the clinical professor to exercise his discretion and utilize his expert judgment in carrying out his assignment. He must have a major voice in the selection of critic teachers, and he and the critic teachers must be permitted considerable latitude to plan and to carry out a sequence of clinical experiences which need not and probably should not conform to current patterns of student teaching. School systems which are too inflexible to accord such latitude to the clinical professor should not be selected as cooperating systems.

Like the school system, the university must adjust and accommodate itself to a new breed of teacher educator. It would be tragic if the clinical professor were to become just another student teaching supervisor, a position too often filled by graduate students as a means to supplement their income, by junior faculty members as a way to do penance, or by retired school administrators as a way to avoid superannuation. Administrative arrangements must reflect the importance of clinical experiences to the teacher education program through a recognition of the unique and significant role played by the clinical professor in developing and directing those experiences. Clinical professors must be encouraged to experiment, to exercise professorial autonomy, and to make recommendations affecting the entire teacher education program if they are to bring to the task of teacher education the much needed perspective of the practitioner.

Department of Clinical Experiences

It is recommended that a department of clinical experiences be established. Such a department can provide the collective strength, resources, and focus necessary for continuous examination, refinement, and development of clinical experiences and thereby can lessen the possibility that the clinical experiences become fixed, sterile appendages to formal academic and pedagogical instruction. The department of clinical experiences should be chaired by a full-time member of the education faculty with the clinical professors being responsible to him. Such a chairman can provide an essential service to the full-time education faculty as a spokesman for the "clinical point of view" and can serve as the clinical professors' official representative to the administration and to various faculty policy committees.

Dilemmas in Clinical Arrangements

Recommending administrative arrangements which are intended to solve organizational problems is simpler than recommending administrative arrangements designed to facilitate the reconciliation of dilemmas endemic to an organization. Administrative arrangements to avoid and/or solve organizational problems inherent in the clinical professorship scheme provide rational rules, regulations, and procedures which promote an orderly and predictable work environment. Administrative arrangements for reconciliation of dilemmas solve no problems and avoid none. Such arrangements do, however, take into account the inevitability of dilemmas occurring when many experts, the clinical professor among them, are rightly free to exercise their judgment about what and how they will teach in a teacher education program that requires both continuity and contiguity for its success.[2]

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[2] *Ibid.*, pp. 242-50. A comprehensive discussion of the dilemmas inherent in enterprises which employ many experts and organize them bureaucratically.

Two examples of such dilemmas are the universalistic vs. particularistic approaches to teacher education and the rational vs. nurturant approaches to instruction.[3]

THE UNIVERSALISTIC VS. PARTICULARISTIC DILEMMA

The dilemma of the universalistic vs. particularistic approach to teacher education is an obvious one. The universalistic approach assumes that a good teacher must be exposed to and know much more about education than his immediate tasks require or than any job he might hold in the immediate future might demand. The particularistic approach assumes that a good teacher should be able to demonstrate that he can teach and teach well in one classroom. The proponents of the universalistic approach argue that a teacher needs to know about educational philosophy, educational research, history of education, etc., whether or not such knowledge demonstrably contributes to his competence as a beginning teacher. The supporters of the particularistic approach argue that priority must be given to a teacher's ability to demonstrate his knowledge of his subject and his ability to teach it to a group of students.

The clinical professor, by virtue of his training, his experience, and his assignment, will be primarily an advocate of the particularistic approach to teacher education. His primary concern is that prospective teachers demonstrate their competence in a classroom. The seminars he conducts, the conferences he holds with students, and his evaluation of students will be based primarily on an assessment of a student's performance in one or at best two or three teaching situations. Remember, the clinical professor has been selected because he demonstrated that he was an excellent teacher in one school and not because he was an education scholar, an authority on the whole field of teaching.

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[3] Charles E. Bidwell, "The School as a Formal Organization," in *Handbook of Organizations*, ed. James G. March (Chicago, Rand McNally & Co., 1965), pp. 972-1018. Bidwell discusses extensively the rational-nurturant approaches to instruction in schools and the resultant dilemma for the teacher.

THE RATIONAL VS. NURTURANT DILEMMA

The dilemma of the rational versus the nurturant approach to instruction is of course present in all educational enterprises unless they are operated on a one-teacher, one-student basis. This dilemma is a result of the necessity in educational organizations to devise a program based upon a student prototype and an idealized graduate prototype in the face of such realities as individual differences in learning, interests, and motivation.[4] The demands of the rational approach require so many hours of work in various academic subjects, so many hours of tutorials and clinical experiences, satisfactory grade-point averages, and perhaps even a senior research paper. The nurturant approach on the other hand accepts the student for what he is and personalizes the demands of the rationally devised program to the point that, assuming any reasonable degree of selectivity, nearly all students will complete the program and fit acceptably the graduate prototype, but they will arrive at that point having followed many diverse routes. The nurturant approach is, of course, based on a close working and personal relationship between teacher and student. It is probably most in evidence in graduate education at the doctoral level and in professional education in medical school. In both cases similarity of student programs lessens as the student advances, and his relationship with his instructors becomes more that of junior to senior colleague than that of student to professor.

The Nurturant Role

THE ROLE of the clinical professor is primarily a nurturant one. He will have a closer relationship to individual students than will any other member of the university faculty. And what is more, the activities he supervises require that the student reveal more of himself than his academic competence. Thus the clinical professor is likely to find himself saying on behalf of a student, "I don't care what his performance on the research paper in the tutorial was, he is still one of the best teachers in my group. You just don't understand him. If you did, you would not require that he perform an academic exercise such as a survey of the literature on team teaching. He is action-oriented, and he needs to see some immediate relevance to his teaching in any task that he performs well." (An example in current teacher education practice of this phenomenon is an "A" grade in student teaching received by a student who had never earned more than a "C" in his previous academic work.)

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[4] See Richard O. Carlson, "Environmental Constraints and Organizational Consequences: The Public School and its Clients," *Behavioral Science and Educational Administration,* ed. Herman G. Richey *NSSE Yearbook,* (Chicago, University of Chicago Press, 1964), pp. 262-76.

The nature of the tasks to be performed by the clinical professor makes him a proponent of the particularistic approach to teacher education and the nurturant approach to instruction. Individual clinical professors may for reasons of personality, training, and/or personal bias lean toward the universalistic and rational, but the organizational role they play focuses on a specific teaching situation and on the individual student. The clinical professor's expertness, as a teacher and a mentor of future teachers, is an essential aspect of teacher education, but in a university faculty that expertness traditionally does not rank with the expertness of the scholar; thus, the clinical professor, unless protected from the vagaries of the established professorial pecking order, may be relegated to the unenviable task of carrying out the directives of the "real" faculty. Providing the accouterments of faculty status, such as faculty rank and general faculty privileges, is half the battle, but only half. Provision must also be made for the clinical professor to have equal time, equal voice, and equal right to present and defend nurturant and particularistic points of view. A department of clinical experiences goes far in making such provision. It at least insures a hearing by placing the clinical professor in the formal administrative hierarchy, but only clinical professors with something to say and the courage to say it can bring to teacher education the insights of the successful practitioner. Administrative arrangements can provide a mechanism for different points of view to be presented, but such arrangements cannot insure that different points of view will be heard or heeded. Selection of the clinical professor must, then, take into account not only his competence as a teacher but also his competence to present and defend a practitioner's point of view to a college faculty.

Summary

THE THREE basic points of this paper can be summarized as follows: Administrative arrangements can create a rational work environment for clinical professors by providing sound personnel policies and procedures and reasonable delineation of areas of their authority and responsibility; such arrangements can also promote the reconciliation of dilemmas endemic to a teacher education program which attempts to unite theory and practice; but, in the final analysis, the clinical professorship will succeed only if those now engaged in teacher education accept as equal partners distinguished classroom teachers sufficiently temerarious to exercise vigorously their full rights and privileges as partners to plan and develop increasingly realistic approaches to teacher education.

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Dean for Academic Development

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DISCUSSANT

I THINK Professor Nelson has provided a very excellent plan. Rather than saying, "This is great; I like that," it's about time somebody said other things. I'll try not to say too much. I must, however, remind you that coming along this late in the program and not having had the advantage of hearing all the things said yesterday, I am reminded of the story of the little Indian boy in the southwest where the Atomic Energy Commission was particularly active. He was having trouble sending smoke signals, and when he saw a perfectly formed mushroom cloud floating in the next valley, he looked at his own puny fire and crummy smoke and said, "I wish I had said that."

I don't know whether the following matters are problems or dilemmas. I think they are dilemmas, because these are the ones I have not been able to solve. One of them is a real conflict between the flexibility of practical scholarly time and the fantastic overload on a clinical professor. He has to keep in touch with at least two bases, one in the school system and one in the university. Even if he has to attend only half the meetings of a full-time faculty member in either place, he still has a tremendous load.

Also, the clinical professor is going to suffer from the load of aspirations that we are putting on him. What is the job to be done? I get the impression that we are expecting him to become a kind of new Messiah who will do all the things we have left undone in teacher education. So my admonition is to be very careful of what we give that poor guy to do. Since he must serve, as Professor Nelson has pointed out, at least two masters, he ought to know the criteria by which his performance is to be judged.

Let me move to another dilemma concerning promotion. If the clinical professor is to be promoted in the college or university, I presume he is to be judged on his ability to impart to students the attitudes, knowledge, and skills which he has demonstrated as an excellent teacher. This means we must recognize these skills when we see them. We certainly don't identify them for the promotion of regular professors in some institutions. How is it, then, that overnight we are able to select a superb clinical professor on these teaching skills, when colleges have considerable trouble identifying good teaching? Perhaps we can take a leaf out of the book of experienced school administrators. Quite possibly they are better at it than some of us in higher education.

Another question deals with administrative arrangements within the school system. Professor Nelson has suggested—and again I agree with him one hundred per cent—that totem poles are here to stay. The clinical professor's role in the school system should "reflect the importance of clinical experiences" in the entire setup. I'm not sure how we enable him to earn this high place in the system. We could invite him to more meetings, which seems to be one of the ways you earn status. I have rejected this method. There must be a better way of doing it. We must develop and use selection procedures in such a way that we do not completely alienate the school faculty members who are nominated but not appointed to clinical professorships by the university.

Professor Nelson has recommended a department of clinical experiences in higher education. This department would include a full-time faculty member as chairman and the clinical professors representing different fields responsible to him. I think the aim is right, but his approach is not the one I'd use. The aim is to provide, in my terms, a clinical mass so these people may interact with each other and not get into this business of sterile appendages. I am against sterile appendages, but I'm not sure this is the way to avoid them. The clinical professors inevitably will work and talk together; hence, we don't need a department to bring them together. I would rather see their basic university identification with their subject-matter department, particularly at the high school level; the elementary level is another problem.

The home-base department for the clinical professor of social studies is a different problem. It might be better to base him in the history department if you have to put him in one, because I think the historians need saving from themselves even more than the political scientists.

We come now to the obvious conclusion. The men or women selected for this role must be outstanding individuals. No administrative structure can make a good person out of an average or inferior person. I think this is obviously true. You must have a pool of these people in the school systems to draw upon, and colleges or universities not surrounded by good school systems will have difficulty identifying such a pool. We must consider ways of attracting, evaluating, promoting, and keeping these people so that we do not lose them to administrative slots. We could pose this as a long-range career goal toward which an aspiring teacher or a graduate student would work. I do not suggest we set up a program with eighteen points of this and that on how to be a clinical professor. It seems to me, however, that professors in universities, both in education and in other disciplines, could identify people to consider the clinical professorship as a career goal.

A lot more could be said, but I think it is time for discussion from the group. Who would like to cast the first stone?

DISCUSSION III

Department of Clinical Experiences

THE DEPARTMENT of clinical experiences was not designed to bring the clinical professors together, nor was it designed necessarily to promote the improvement of clinical experiences, although this might be a by-product. As conceived by Professor Nelson, the department was intended to protect the clinical professors against the vagaries of the hierarchy in which they have been placed. To scatter them throughout the university might be like throwing a mullet into a shark pool, since the idea is to protect the clinical professors until they find their own goals. The clinical professors might need some initial insulation. They are in a sense a strange breed coming into an already ongoing enterprise which has its own ideas about prestige and worthwhile achievement.

Protection for Clinical Professors

IF THE clinical professor's primary role in teacher education is excellent teaching, perhaps clinical professors do need protection. While the clinical professors may very well be able to fight successfully with the "sharks" on their own terms, they will be vastly outnumbered and will have only limited time to keep their fences repaired in both the school systems and the university. In a sense we are asking the clinical professors to relate to a number of different worlds at the same time, a task, incidentally, that we have been asking of college students for many years. In Dr. Conant's opinion, it is unrealistic to expect to bring in outstanding public school teachers to associate with a faculty and have their tenure and promotion dependent on the judgment of the faculty. Originally, according to Dr. Conant, the clinical professor was to have a unique role with full professorial rank and thus no question of promotion.

The Clinical Professor at Northwestern University

UNDER the Northwestern plan, the clinical professor is brought into the faculty at about the same professorial rank as his qualifications would justify as a full-time member of the faculty. He, therefore, comes into the university system subject to evaluation on the same basis as any other member of the faculty. And in their view, it would be a disservice to the clinical professor to deny him the opportunity and obligation to win his spurs in the academic community. To do so would set him apart more than necessary. So long as the clinical professor's promotability is evaluated by criteria appropriate to his function, there seems to be little reason for establishing a non-promotable clinical professorship. This question of promotability is extremely sensitive, since under many institutional plans the clinical professor is disadvantaged by having neither the professional credentials, interests, nor opportunities to demonstrate the kind of competencies traditionally tied to faculty promotion. While the clinical professor's performance as a classroom teacher might be very important to the public school district employing him, the criterion for promotion in the university faculty might be something different.

Whether or not the clinical professor is primarily based in the university or in the school system may vary. Under the Northwestern plan, it seems desirable to have the primary affiliation of the clinical professor in the public school. His contract is with the public school. The questions of salary, tenure, fringe benefits, and the like, are between the clinical professor and the school board. The university simply purchases a portion, usually one-half, of the clinical professor's time and leaves the mechanical arrangements as to salary, etc., with the board. This obviously avoids dichotomy in negotiations. Some interest can be found in an alternate plan to base the clinical professor primarily at the university. Under this arrangement, the university-based clinical professor teaches in a public school classroom. The primary contractual relation under such a plan is between the clinical professor and the university.

Alternative Arrangements

ALTHOUGH Northwestern has looked to the public schools for the clinical professors, there is no reason why someone could not reverse the procedure. Some institutions may use full-time university faculty members as clinical professors in a public school classroom. This latter approach, however, may very well raise the serious question of colleagueship, as Dr. Bolster puts it. In his opinion it has been vital to the success of his role as a clinical professor that he was seen by a large number of the faculty within the high school in which he worked. This colleagueship apparently turns on both the competency of the teacher and on the concerns shared with the other teachers in the school. The clinical professor's colleagues in the public school are normally interested in the analysis of teaching, in talking about, thinking about, and worrying about how one teaches and teaches better. Over a period of a few years this sense of colleagueship has developed as a group phenomenon based on Dr. Bolster's sharing things with them about teaching that may be of only peripheral interest to his university colleagues.

At this point, there is no superiority evidenced in either of the two plans. The Northwestern plan with school-based clinical professors simply happens to be the one under study at this institution. There might be some advantage, however, for the clinical professor to be based primarily at the public school. If the university-based clinical professor goes into a public school, he does so as an interloper, something of a guest. If he is based in the school, there is less likelihood of the "invasion" interpretation to be placed on his teaching or supervision in the public school classroom.

Montgomery County-University of Maryland Plan

UNDER the Maryland scheme, the coordinators (joint appointees) are all public school people. They expect to develop the pattern so that some university-based people will assume the joint appointee role. At this time, however, under the Maryland program, the coordinators are doing supervision aside from the administrative details. At the elementary school level the coordinators do a good deal of supervision and work on in-service programs with the staff. The public school teachers can register for university graduate credit for the in-service programs. Regardless of whether or not they take courses for credit, they will be exposed to a program revolving around the analysis of clinical experiences, analysis of teaching, development of supervisory behavior, and similar concerns generally germane to clinical experiences, including the use of educational media and research in teacher education.

Faculty Status of the Clinical Professor

THE MATTER of status and prestige of the clinical professor may be easily overemphasized. The matter of initial selection is crucial to the success of the program. If the selection is properly made in the beginning, the clinical professor's colleagues in both the public school and the university will know that he is an outstanding teacher. It seems unlikely that a question of rank will determine one's competency as a teacher. The clinical professor will either earn his way in the academic community and in the school system on the basis of his ability, or he will not. In Dr. Bolster's experience at Harvard and in the Newton, Massachusetts, schools, his acceptance in the secondary school was a result of his constant interaction with colleagues, their observation in his classroom, and his work with students and with pupils. Other than judgment according to the traditional standards of his discipline (history), the university faculty had little basis on which to determine his competency as a university colleague. Indeed, we might be expecting more from the clinical professor's performance than from that of the faculty. If in fact the matter of evaluating faculty performance has not yet generally been resolved, we are unrealistic to expect a neat mechanical approach to the performance of the clinical professor.

Research Contributions of Clinical Professors

THE clinical professor can contribute in both the research and practice of teaching. While his major strength may be in supervision and expert teaching, the clinical professor nevertheless should have the ability to conceptualize, to construe, and to reflect upon the practice of teaching itself. This ability is highly relevant to his work and would provide ample equipment for valuable clinical research in education. The clinical professorship might be an opportunity to reform educational research and to produce some research that is relevant to classroom problems. This in itself would bring to the clinical professor respectability and status within the academic community.

The degree of affiliation of the teacher education program to the university may vary from institution to institution. In fact, programs of teacher education could be set up entirely apart from universities or state departments of education. Unless colleges and universities provide the kinds of programs that make a good deal more sense, school systems may join together to create their own teacher preparation programs. This nearly happened in the case of the Teacher Corps.

4

Variations on the Clinical Professorship

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PLANS FOR JOINT APPOINTEES: MONTGOMERY COUNTY AND THE UNIVERSITY OF MARYLAND

Background

MONTGOMERY COUNTY PUBLIC SCHOOLS

Montgomery County, Maryland, is a predominately suburban community within the metropolitan area adjacent to Washington, D.C. The county has a land area of about 500 square miles and is roughly rectangular in shape, thirty-four miles by twenty-nine miles. The County's population has grown from approximately 250,000 people in 1956 to 453,000 people in 1966. During the current year approximately 111,000 pupils are enrolled in the 157 elementary, junior, and senior high schools of the MCPS, K-12. In fact, the recent yearly growth has required the construction and opening of from six to eight new schools each year to house the additional increase of more than 5,000 new pupils each September.

Families with children tend to live in private single dwellings, with a high proportion of such families owning their homes. County residents are exceptionally well-educated and have the highest buying income per household of all counties in the United States.

The public schools of Montgomery County are organized on the county-unit system governed by an elected seven-member Board of Education, with the school superintendent appointed for a four-year term. Of special significance is the Department of Staff Development, created in 1958, which is responsible for the following major functions: (1) to cooperate with participating universities and colleges in administering various pre-service professional laboratory experiences in the school systems, and (2) to develop and plan policies and procedures and to administer, in cooperation with other appropriate offices and departments, the following staff development activities:

Student Aides
Student Observation
Student Teaching
Intern Programs
Leadership Training
Orientation of New Employees
Administration and Supervisory Meetings
Visitations
University Course Offerings
Workshops and Study Groups

The complexity and scope of planning, coordinating, and administering professional laboratory experiences provided in the MCPS has increased greatly over the last ten-year period. Table 1 shows the number of student teachers placed in MCPS over the last ten-year period. During this period the number of student teachers has increased almost tenfold or at an average rate of over fifty per year. Over 550 cooperating teachers were required to direct the 533 student teachers placed during the 1965-66 school year. The number of cooperating teachers also has increased at a steady rate. In 1956-57, cooperating teachers numbered about 3 per cent of the total teaching staff; in 1960-61, about 7 per cent. In the 1966-67 school year, cooperating teachers comprised about 10 per cent of the total teaching staff.

In 1956 only one university, the University of Maryland, sent student teachers to Montgomery County. During the 1965-66 school year, there were ten colleges and universities requesting assignments of student teachers to Montgomery County. Further, as teacher preparation institutions developed such innovations as internships in teaching, the Montgomery County Public Schools were asked to provide additional kinds of professional laboratory experiences. The activities required to plan for, coordinate, and administer this program have multiplied both in proportion to the number of students and the number of participating teacher preparation institutions.

This ever increasing demand from teacher preparation institutions for professional laboratory experiences has been one of the primary reasons for our movement toward the joint appointee position which is described more fully in subsequent sections.

Table 1

Ten-Year Record of Number of Student Teachers Placed
in Montgomery County Public Schools, 1956-66

	Elementary	*Secondary*	*Total*	*Percentage of Increase*
1956-57	—	57	57	—
1957-58	—	66	66	16
1958-59	110	40	150	127
1959-60	94	134	228	52
1960-61	103	134	237	7
1961-62	109	175	284	20
1962-63	157	195	352	23
1963-64	222	224	446	27
1964-65	240	260	500	11
1965-66	269	264	533	7

University of Maryland

The University of Maryland is located in College Park, Prince George's County, in the metropolitan area adjacent to Washington, D.C. With a student body of approximately 29,000 students, it draws students from the greater Maryland-District of Columbia area, as well as from virtually every state in the Union and from many foreign countries.

The university has eight colleges, which are housed at the College Park campus, and professional Colleges of Medicine, Law, Dentistry, Nursing, Social Work, and Pharmacy, which are in Baltimore City.

The enrollment in the College of Education has grown rapidly over the past ten years to the present enrollment of more than 7,000 students. The number of student teachers increased approximately 350 per cent between the years 1955 and 1965 (see Table 2).

In response to the increased requests for professional laboratory assignments, the University of Maryland in 1963 established an Office of Laboratory Experiences to organize and administer the various early childhood, elementary, and secondary education laboratory experiences programs. Presently the Office of Laboratory Experiences places students in five large county school systems and two municipal school systems (Baltimore City and the District of Columbia).

TABLE 2

A Comparison of the Number of Student Teachers Assigned from the University of Maryland in 1955-56 with the Number Assigned in 1965-66

	1955–56			1965–66			
	Fall	*Spring*	*Total*	*Fall*	*Spring*	*Total*	*Percentage of Increase*
Early Childhood	32	0	32	30	38	68	113
Elementary	16	0	16	104	117	221	1281
Secondary	56	63	119	193	271	464	290
TOTAL	104	63	167	327	426	753	

The Rationale For and the Development of the Concepts of the Teacher Education Center and the Joint Appointee

RATIONALE

Faced with increased numbers of students seeking placement in professional laboratory experiences, the staggering need for good cooperating teachers, and the concomitant need for training of cooperating teachers, both the university and the county responded with greatly centralized patterns of operation and increased emphasis on staff development. The result of this was that both Montgomery County and the university found themselves operating with an incongruous duplication of fragmented effort. While each admittedly was striving for the same goal, each was making an unrelated contribution to the education of teachers. Obviously this was both inefficient and impractical.

A commonalty of purpose dictated a commonalty of effort. This meant not only cooperative effort but unified effort—unified effort in providing a continuing program of teacher education. It became obvious from the outset that we needed a program beginning with the first undergraduate professional course and continuing through the professional educational career—a program that would involve the county and the university equally in both pre-service and in-service teacher education.

To overcome fragmentation and duplication of effort, two things were seen as essential: (1) the selection of a proper teacher education laboratory center having, among other resources, a dedicated, highly motivated professional staff, and (2) the selection of a person to coordinate the staff development program in the center who could understand, visualize, and implement the program for both the county and the university. Thus emerged the Teacher Education Center and the joint appointee concept.

TEACHER EDUCATION CENTER

A Teacher Education Center is a cluster of geographically contiguous schools (two or three elementary schools or neighboring junior and senior high schools). So conceived, it embodies two distinguishable aspects, the undergraduate pre-service aspect and the post-degree in-service aspect.

The pre-service program encompasses the junior year observation and participation and the senior year student teaching programs. The emphasis is on greater individualization and flexibility of professional laboratory experiences.

The junior year student spends one-half day per week both observing and participating in the center in conjunction with the human development program taken on campus. The senior student does full-time student teaching in the center. Both the ongoing intensive experiences and the extensive or integrating experiences are carefully planned and individualized according to the needs, interests, strengths, and developmental patterns of the student and the resources available in and for the center.

The *intensive* experiences are those which typically have been considered to be the strength of the traditional one-teacher, one-assignment situation. Here the student perceives the over-all role and responsibility of the teacher and the sequential development of skills, ideas, and practices by gradually assuming more and more responsibility for the instructional program.

The *extensive* experiences are more varied and are carefully planned so as to consider the needs, interests, and strengths of the individual and the resources of the center. With careful scheduling and planning, the resources of the center, the county, and the university can be brought together into a meaningful pattern. Such experiences enable the student teacher to go beyond one model, one assignment, one frame of reference. They allow him to experiment with many models and assist him to integrate these into a personal philosophy and to develop a repertoire of teaching practices. In other words, the student would, with close and constant professional assistance, put together for himself the best of many programs and many experiences into a meaningful, workable pattern of teaching.

Inevitably, the extension of the clinical experiences would involve more personnel. How could we determine what personnel of the center would participate in the program? As we discussed this problem, we kept in mind that we were planning a total program of teacher education with a commitment to staff development. Thus we decided that no staff member would arbitrarily be excluded from the program. Every member had specific talents and in addition perhaps possessed much undeveloped or underdeveloped potential. The responsibility to utilize this talent and to develop this potential was to be shared by both the university and the school system.

Consistent with this commitment to staff development for teacher education, the concept included the continuing involvement of all of the professional personnel of the center. Though formerly a responsibility of the public school alone, in this program staff development is a part of a unified effort. In the past, teachers have been asked to assume major responsibility for student teachers, and yet rarely have they received any training or assistance for the task. We hope that by joining the resources of a school system and a university, a more effective program of training and assistance can be developed. Hopefully this program will assist the teachers in their efforts to become better and more effective teachers and supervisors. We envision a coordinated plan of in-service teacher education leading to improved teaching competency as well as developing supervisory and cooperating teacher skills. Within this coordinated in-service program, county-university courses and workshops can be planned and offered on such topics as research in teacher education, the use of multimedia and educational technology, the analysis of teaching, the assessment of behavioral change, the supervision of clinical experiences, and the counseling of the pre-professional. With appropriate arrangements and approval, many of these experiences might be used for degree or other specific professional purposes.

JOINT APPOINTEE

To intelligently involve all personnel in a pre-service program and to coordinate resources and talents in the development of an in-service program required a new position, that of the joint appointee, affiliated both with the university and the public schools.

The joint appointee coordinates this in-service component with the building principal, the county office of staff development, and the university office of laboratory experiences. The joint appointee, as the school-based staff development person, should have knowledge of and direct access to the various university and county resources and programs which are designed to promote staff development.

The joint appointee is at the same time a symbol and a reality. He is a symbol of what we hope to attain in teacher education—a union and commonalty of objectives, of efforts, and of responsibilities. He is a reality since, by virtue of his joint appointment, we have a fusion of the resources and roles of both the public school and the university. As a staff member of both the public school and the university, he unifies the interests, the resources, and the ambitions of both institutions and enhances the attainment of mutually recognized and shared objectives.

The joint appointee should be perceived not as a mere bridge connecting two separate and distinct bodies, but rather as an aqueduct extending and transferring one into the other. While serving in this capacity, he will become an agent of change influencing measurably the direction, the degree, and the rate of change.

The duties and responsibilities of the joint appointee are varied. He is responsible for coordinating both the pre-service and in-service aspects of the staff development program in the Teacher Education Center. In the pre-service aspects, the joint appointee would specifically serve as the liaison person between the various personalities and agencies. He would coordinate the placement and activities of the pre-professionals assigned to the center for laboratory experiences. He would plan individualized laboratory experiences, conduct seminars, and to some extent supervise these students.

In providing supervision of students assigned to centers, the joint appointee at the secondary level would play a somewhat different role from that at the elementary level. At the elementary level, in line with our policy of general supervision, the joint appointee could have major responsibility for the supervision of the pre-professionals. At the secondary level, with its departmental organization, the joint appointee's supervisory responsibility would be of a general nature in regard to academic areas other than his teaching major. Within the major area competencies of the joint appointee, it seems reasonable that greater responsibility for supervision could be assumed over and above that of being a general supervisor. Presently in all cases university (resource-consultant) supervisors will be at the center to assist with the supervisory program. With training, the cooperating teacher will assume increased responsibility for pre-service supervision.

The joint appointee carries some responsibility for planning and developing programs for in-service staff development as well. More specifically, this would mean coordinating workshops, conducting seminars, and planning programs relating to such things as the supervision of student teachers, the development of more creative teaching patterns, and the utilization of appropriate resources. Over and above this he would certainly be involved in a continuous ongoing program of research and evaluation.

In the preceding sections, effort has been made to delineate the specific duties and responsibilities that the joint appointee assumes relative to pre-service and in-service programs. If properly established, such pre-service and in-service distinctions are unimportant since the joint appointee's role is one of coordinating a continuing program of teacher education and staff development.

The Development of Criteria and Procedures Relative to the Identification, Selection, and Employment of Joint Appointees

COOPERATIVE PLANNING IN THE DEVELOPMENT OF CRITERIA FOR JOINT APPOINTEES

The major planning for the joint appointee position was completed during the 1965-66 school year. Administrative personnel from the College of Education, the University of Maryland, and the MCPS, numbering about six, discussed and formulated the criteria relative to the joint appointee position. A working draft was published and distributed to selected faculty members from several departments within the university and county for initial reaction, comments, and suggested modifications. The comments were most helpful to the committee. With the criteria determined, we considered and selected the candidates for the joint appointee positions.

Development of Procedures for Identification and Selection of Joint Appointee

A county-university selection committee was appointed and assigned the responsibility for screening and making the final selection of the first joint appointee. This committee consisted of the following county-university personnel: the principal of the center school, the coordinator of the professional laboratory experiences of the university, a professor of secondary education, a professor of administration and supervision, and the director of the department of staff development. (Although the area director of the center school and the associate dean of the College of Education are considered as members of this committee, their schedules did not permit their participation in the initial action of the committee.) The list of possible candidates was developed from nominations by university as well as county personnel. Because the list contained eight candidates, all MCPS employees, it was decided that a MCPS initial screening committee interview them and select the top four. Each member of the selection committee individually interviewed the four joint appointee candidates for about thirty minutes each on a given day at the center school. Upon completion of the interviewing procedure, all members of the selection committee assembled as a group. Each member was asked to rank the four candidates in preferential order before any discussion ensued. The candidates were rather even in over-all ability; however, one candidate did emerge as the one with the greatest potential for the initial joint appointee position. It was generally assumed that the remaining three candidates would be considered as other centers were established.

DETERMINATION OF TENURE, CERTIFICATION, SALARY, AND EMPLOYEE BENEFITS

It was soon evident that if we were to attract the kind of people required, we were bound to maintain their current position as to tenure, certification, salary, and fringe benefits. Our plan is fairly simple and has been highly satisfactory to date. The plan is as follows:

A person selected from within the county school staff is paid according to the salary scale, years of experience, and professional preparation for which he is qualified, assuming that he continues in his regular position for the new school year. This procedure has the advantage of enabling each person so selected to retain all of his fringe benefits and all of the tenure and certification status to which he is entitled. If the person is selected from within the university staff, the same principle is to be applied. If an individual is selected as joint appointee from outside the county or university staffs, he would have to be acceptable to both parties but would be employed initially by either the county or the university.

APPOINTMENT AND ASSIGNMENT OF JOINT APPOINTEE

Following the initial selection of each joint appointee, the recommendation went concurrently to the Superintendent of Schools and the Dean of the College of Education, who reviewed and made the ultimate recommendation for approval to the Montgomery County Board of Education and the vice president in charge of personnel at the university. Every effort was made to identify joint appointees as professional employees of both the county and the university.

Through most of the initial planning between the university and county officials, it seemed both desirable and essential that the time and salary of each joint appointee be apportioned on a 50-50 basis. Further, it was determined that if the joint appointee were selected from the county professional staff, the MCPS would bill the University of Maryland twice yearly for a total of one-half of each joint appointee's respective salary. The joint appointee would be paid on the same dates as other professional employees of the county. If the joint appointee were selected from within the university staff, the procedure would be reversed, with the county being billed for one-half of the joint appointee's salary.

Implications for the Future

WE ENVISION the following implications of the ultimate development and realization of the Teacher Education Center and the joint appointee concept:

1) An integration of the on-campus and the off-campus aspects of teacher education programs.

2) The assumption of greater responsibility for the pre-service component of teacher education by the public schools.

3) The assumption of greater responsibility for the in-service component of teacher education by the colleges and universities.

4) A new position *in* public schools—though not *of* the public schools.

5) The emergence of a new role for the college supervisor.

6) The establishment of approved centers for professional laboratory experience.

7) The assumption of greater direct financial responsibility for the preparation of teachers by state departments of education in the form of adjusted state-aid programs.

8) The abolishment of honoraria to cooperating teachers with the subsequent adjustment of regular salaries.

9) An increasing concern for teacher education skills in the employment of public school teachers.

10) The emergence of levels of pre-professional status and delineation and a clarification of the levels of professional status.

11) The strengthening of in-service teacher education programs.

12) The emergence of the supervised teaching internship as the usual practice rather than the exception.

13) Teacher certification after the successful completion of a supervised intern experience.

14) An uninterrupted, carefully planned, sequential transition from entry into the profession to full advanced professional status.

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THE CLINICAL PROFESSORSHIP:
AN INSTITUTIONAL VIEW.

THIRTY years ago Harvard University's Faculties of Arts and Sciences and Education, in an effort to improve the preparation of secondary school teachers, established the Master of Arts in Teaching Program. Its basic aim was to recruit able graduates of liberal arts colleges and prepare them for careers as secondary school teachers in the major discipline areas. From its inception the one-year graduate program combined what were then and are now believed to be the three essential elements of teacher training at the master's level—advanced study of the discipline to be taught, study of educational theory, and clinical experience in the practice of teaching. Study in the former two areas was pursued within the university under the Faculties of Arts and Sciences and Education respectively. Clinical experience was gained by means of ten-week apprenticeships in the classrooms of schools in communities near the university. Though administered jointly by the Faculty of Education and the cooperating schools, practice teaching was in fact almost entirely under the control of local teachers in whose classrooms M.A.T. candidates served their apprenticeships.

As the program expanded in the years after World War II, its highly traditional practice teaching component appeared to be increasingly unsatisfactory. Both faculty and students agreed that clinical experience was vital, for it was in the apprenticeship that the novice teacher not only learned the essential skills of his craft but had the opportunity to meld educational theory and knowledge of subject so as to develop competence in teaching. But it was also obvious that the quality of apprenticeships varied greatly throughout the program. Some students found that their practice teaching increased both their confidence and ability as performers. Others merely "survived" the clinical experience. What seemed to be essential was to devise means of providing improved conditions for practice teaching and of integrating the practicum with the subject matter and educational theory components of the training program.

Two changes were instituted to meet this need, the replacement of part-time apprenticeships in practice teaching by full-year internships and the creation of a new faculty role explicitly oriented toward the clinical component of teacher training. The new role was essentially a response to a problem whose manifestations were not yet understood, and thus its details were deliberately left vague. Since the first clinical professor was to define and implement optimum conditions of practice teaching in one of the subject fields and to integrate the practicum more logically with the other elements of the program, it was decided that he should have a joint appointment in the university and a cooperating school and that his appointment should be ratified by Harvard's Faculties of Arts and Sciences and Education and by the local school. All other facets of the role were to be worked out as a result of experience.

Thus three years ago, independently of Dr. Conant's report on *The Education of American Teachers,* but agreeing with many of its conclusions, those responsible for the Harvard M.A.T. program, in conjunction with the Newton, Massachusetts, public schools, established a clinical professorship of education. History and the social sciences was chosen as the field in which the new role was to be created, and I was selected as the person who would work out its exact dimensions. Having now spent two years at this task, I should like in this paper to describe the important elements of the role as it has evolved in practice and to reflect upon a few problems which seem to be inherent in its implementation.

The Structure and Operation of the Role

SINCE the immediate charge to the clinical professor was to devise a more effective practicum and to integrate it into the total teacher training program, both the initial structure of the role and its subsequent evolution have derived from a number of assumptions about how one aids novices to become competent teachers of history and social science. Some of the basic postulates were conventional wisdom in the M.A.T. program; others have emerged as we have tried to implement the clinical professorship. But they are crucial to understanding the role in practice, and for that purpose I should like to list them.

1) There is little reliable empirical data on teacher effectiveness. Most of what we know about that subject has not been established in carefully controlled field experiments, but rather is based upon intelligent intuitive reflections on the performances of instructors who seem to be able to define what they want their pupils to learn and to get them to learn it while simultaneously retaining both their respect and interest.

2) In thus demonstrating apparent competence, effective teachers seem to operate in a variety of modes or styles which differ in relation to their purposes, the content with which they are working, and their individual personalities. Consequently, it is neither possible nor desirable to construct a precise set of teaching styles which can be transmitted to any novice as a basis for teaching competence.

3) Individual teaching styles are, however, subject to analysis in practice. A teacher can be taught to examine his teaching behavior critically and to make predictions about how it might be changed to relate more logically to his purposes, the content with which he is working, and his own personality traits. Such analysis usually leads to improvement in teaching performances.

4) Knowledge of subject matter is necessary but not sufficient to competence in teaching. In general, the more competent a teacher the more he knows about what he is teaching, but it is also critical that he be able to select and organize from what he knows and to deal with content in such a way that students can make use of his experience to enlarge their own range of awareness.

Consistent with these general assumptions, the clinical professorship in the Harvard-Newton complex has been structured around two principal functions, the supervision of practice teaching and curriculum development. In practice, the first function has been primary, but the second is essential, and they interrelate so as to define the operation of the role.

The two-year training of a Harvard Master of Arts in Teaching candidate in history and the social sciences begins with a six-week summer internship at the Harvard-Newton Summer School. Its central activity is the intensive analysis of teaching. Interns are grouped into teams of four under the supervision of a master teacher. Each team is responsible for the teaching of one or two units of history or the social sciences to a junior or senior high school class. Each teaching session is pre-planned by the group, executed by one or more of the team members, and immediately thereafter analyzed and evaluated. Operating within this cycle each intern observes the teaching of a master teacher or fellow-intern once or twice each day and teaches himself ten or fifteen times during the summer.[1] The clinical professor has two major functions in this complex. He acts as department head in history and the social sciences—participating in the selection of master teachers, coordinating their work, and helping to train them by overseeing their supervision. Secondly, he offers a seminar in methods and materials in history and the social sciences in which both master teachers and interns participate.

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[1] The intensity of the Harvard-Newton program seems to make it effective both as a device for predicting strengths and weaknesses of interns and as a training device.

The remainder of the training program of an M.A.T. candidate consists of a full-year internship in a school and an academic year's study at Harvard. The clinical professor plays a central role in both of these phases also. During the academic phase of the program he teaches a two-semester course in Curriculum and Methods in History and the Social Sciences, working jointly with two colleagues on the Faculty of Education whose primary specialty is curriculum development in the social studies. This course is required of all M.A.T. candidates in history and the social sciences and differs from the seminar at Harvard-Newton in that it is more theoretical and deals with more sophisticated pedagogical problems. Since he is a senior member of the university's Faculty of Education, the clinical professor also exercises the usual functions of that role—conducting his own research, supervising the work of a small number of advanced graduate students, and participating with his colleagues in the shaping of university policy, particularly as it relates to teacher education and school-university cooperation.

He is also involved in the internship phase of the M.A.T. program as a faculty member in the Newton High School, one of about ten secondary schools which serve as practicum centers for Harvard teachers-in-training. Each year two or three M.A.T. candidates in history and the social studies are assigned to internships in the Newton High School where, under the supervision of the clinical professor, each is responsible for four classes in two separate courses. Each of these courses is a year's sequence in a new curriculum being jointly developed by members of the Newton High social studies faculty and scholars from Harvard, Brandeis, and M.I.T. The clinical professor is a consultant to one of these new curricula, and he teaches one class in that program to which the interns are assigned as associate teachers.

It is in his work in the high school that one sees most clearly illustrated the interrelationship of supervision and curriculum development as basic elements in teacher training. Part of the clinical professor's time is spent supervising the interns' teaching but less intensively than was the case at the Harvard-Newton Summer School. The summer school experience has presumably prepared the novice to operate more autonomously, and thus his classes are construed as his own. The clinical professor is available as a consultant, and he observes the intern's classes occasionally—perhaps once every week—following most of his visits, with an analysis session in which he tries to make the intern aware of his own developing style of teaching and its general implications. The most systematic and productive contact between clinical professor and intern occurs through the medium of the developing curriculum in which they are both teaching. In his own class in the course the clinical professor can not only demonstrate various teaching techniques, but, what is more important, he can operate almost as a colleague of the intern in the complicated and fascinating task of attempting to find new and hopefully better ways of teaching history. This relationship is reinforced in bi-weekly meetings of the curriculum development staff in which interns, regular Newton faculty members including the clinical professor, and university consultants analyze the previous weeks' teaching of the new course and plan for the weeks ahead.

Problems in the Clinical Professorship at Harvard

LET ME turn now from a description of the clinical professorship at Harvard and Newton to what may be more significant, a consideration of the problems which appear to be inherent in our evolving model of the role.

At present there appear to be three major categories of difficulty, all of which are associated with the complexity of role as we have conceived it. For convenience, they may be briefly summarized:

1) *The time problem.* How can time be found to perform adequately the many duties which we have built into the role?

2) *The institutional focus problem.* Can a realistic role be created whose occupant is genuinely a member of two faculties as diverse as those of a secondary school and a university?

3) *The perpetuation and extension of the role.* How can persons be trained to perform the complex and varied tasks required by the role?

Let me define each of these problems briefly before considering what might be done to cope with it.

The most obvious obstacle to the effective execution of the role as we have structured it is the tremendous demand which it makes on the time and energy of the clinical professor as a result of his multiple functions as university instructor, high school teacher, supervisor of practice teaching, curriculum developer, and coordinator of teacher training in his discipline area. Given the basic assumptions we have made about how one aids novice teachers to develop competence—that our most productive knowledge about teaching is the result of intuitive reflection on specific performances, that individuals have unique teaching styles which can be made more effective by analysis, and that knowledge of subject matter and skill in selecting and organizing it imaginatively are both essential to effective practice—all of these functions seem to be necessary. If the clinical professor is to keep his intuitive perceptions sharp and be able to apply them effectively to the analysis of teaching, he needs the reinforcement that comes from continual performance as both teacher and critic. If he is to help others become effective instructors in his discipline, he must keep informed of new knowledge in his subject area and save time to worry about logical and creative ways to apply this knowledge in the school curriculum. If he is not to deal solely with old perceptions but to develop new insights into teaching and curriculum development, he needs to remain in dialogue with his professional colleagues in both the university and the school and employ some of his efforts in research and development. Finding time to perform all of these tasks is thus the most immediate problem inherent in the clinical professorship at Harvard.

The time problem is complicated by a constellation of difficulties that arise from the ambivalent institutional focus of the role—the fact that the clinical professor is a participating member of the faculties of both a university and a school. The rationale for such a joint appointment has several logical elements—the symbolic adding of prestige to teacher training and the facilitating of the application of scholarship to practice, for example. But the joint role concept also involves a number of difficulties derivative from the need to fit one position into the bureaucratic structures of two different institutions, each of which has its traditional model of a faculty member. The most obvious kinds of problems in making such a fit are seen in the secondary school which traditionally requires a systematic accounting for a teacher's time and activity. Decisions have to be made about how the clinical professor's role will fit into the "master schedule." When will his own class meet? Must he be present at it each day? Can it be scheduled in such a way as to allow systematic contact with his interns and still not conflict with his need to meet responsibilities at the university? What happens when there is a time conflict between his secondary school class and what seems like an important professional or university meeting? The list could be multiplied almost indefinitely, and it is supplemented by a similar group of questions which illustrates the difficulty of fitting a clinical professor's role into the somewhat less rigid but nevertheless confining university schedule. Can allowances be made for the school's program in arranging his university seminars and lecture courses, for example? And what of the "regularly scheduled" meetings of the School of Education faculty, the smaller committees on academic policy, and the oral examinations of doctoral candidates? Nor are scheduling conflicts the only problems which relate to the institutional focus of the role. More subtle, but equally inhibiting to the clinical professor's effectiveness, are problems regarding his status and thus his "acceptance" by his peers in the two institutions. Each group of colleagues has expectations about his role. By tradition university professors honor and respect those among their number who publish and lecture with incisiveness and wisdom.[2] High school teachers and administrators are apt to feel that a legitimate colleague should share their burdens as well as their boons—the study halls and patrol duties as well as the college preparatory classes.[3] For the clinical professor the status problem involves a dilemma, for any attempt to meet the expectations of one group is bound to mean less time to devote to satisfying those of the other. Indeed, as he works at his various tasks the clinical professor is frequently caused to wonder whether his is a dual rather than a joint role.

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[2] In this connection it seems to me significant that, with the exception of Harvard, those universities establishing clinical professorships have not contemplated making the clinical professor a member of the university's senior faculty.

[3] I have been scheduled as both a proctor of study halls and a patrolman to stop smoking in the boys' lavatory. Both assignments were canceled after negotiation, but the fact that they were initially made may be indicative of the schoolman's conception of the clinical professor as a part-time teacher-colleague.

Like the time dilemma, the third problem associated with the clinical professorship, how to perpetuate and extend the role, derives from the many functions which we have built into the position at Harvard. Ideally the clinical professor should have depth knowledge of both the content and epistemology of a specific discipline like history or physics and frequently thorough acquaintance with a broad subject field, like the social or natural sciences. He should also be an outstanding high school teacher, a highly skilled supervisor, and a competent research scholar. The list represents a broad range of skills and thus immediately raises questions about where one would find individuals whose experience and training are adequate to performing such varied tasks and, equally important to the perpetuation of the position, whether it is possible to identify promising young educators and train them for such a complex role. Putting it another way, can the clinical professor perform the traditional and vital function of a university faculty member—that of replicating himself?

Possible Redefinition of the Clinical Professor's Role

THESE are the major difficulties which we have encountered in attempting to define and implement the clinical professorship at Harvard. It remains only to consider what our experience has shown us about the possibility of coping with them in such a way as to make the role more effective.

Let me approach this question by generalizing briefly about the structure of the clinical professorship as we have developed it. What we have done, it seems to me, is to attempt to combine two parts of the traditional teacher training pattern into one new role. We have assumed that novice teachers will learn *what* to teach from professors at the university and *how* to teach it from skilled and experienced instructors in the secondary school and that the two worlds can be sensibly integrated by a person who operates competently in each one. The clinical professor is thus both a master teacher and a professor, and his task is to mediate between the high school and the university in such a way as to upgrade the clinical training of teachers and integrate it into the other aspects of the program. It is this attempt to combine two parts of the teacher training program into one role that is the source of our principal problems—the lack of time to be effective as both master teacher and professor, the need to cope with the sometimes conflicting pressures of school and university, the difficulty of training people to perform competently as both school and college instructors.

Is the clinical professorship thus conceived impossibly complex? Can we honestly and effectively integrate into one role the scholarship of the university instructor and the clinical competence of the classroom teacher? My general answer to this question is clear. An effective clinical professorship can be created, but not unless we are willing to make more substantial alterations in our ways of conceptualizing and effecting the clinical training of teachers than we have yet been willing to. Our problem is not that the worlds of the university and the school cannot be joined, but rather that by positing the existing institutional arrangements for the clinical training of teachers we have necessarily limited the potential effectiveness of the clinical professorship by insisting that it be created by means of minor *ad hoc* modifications of the existing structure.

The first step we must take if we are to improve the effectiveness of the clinical professorship is thus obvious. Primarily, we in the Harvard-Newton complex need to re-examine the role with pointed and constant reference to the purpose for which we originally created it—as a means for providing more adequate clinical training of teachers. Rather than being centrally concerned with protecting their traditional functions, the school and university must focus together on the problem of providing the best teacher training possible and rebuild the existing model of the clinical professorship as radically as may be necessary to make it an effective means to that end. Such a prescription is more than the obvious truism it may seem, because we in education, it seems to me, have great difficulty in maintaining a problem focus. As a result potentially exciting institutional reforms that begin as means toward the end of improving instruction typically become ends in themselves and cease to be either exciting or functional.[4]

What specific changes such a re-examination will reveal to be necessary are less easy to define at present, but two modifications are already under consideration at Harvard. One will result in a clinical professorship of education more closely resembling its counterpart in medicine than has heretofore been the case. It seems likely that in the future teaching internships will be concentrated in a smaller number of large comprehensive secondary schools which will operate somewhat as teaching hospitals do in medical training. Under this arrangement the clinical professor would not have day-to-day responsibility either for a high school class or the supervision of interns. Both of these functions would be the direct responsibility of skilled members of the local school faculty who would operate as resident supervisors.

The clinical professor's function would be to direct the work of the resident supervisors, developing them into a teacher training faculty within the school. Together they would work systematically to develop more adequate means for the clinical training of teachers. Under such an arrangement, the clinical professor would be working in the interns' classrooms and would have access to their classes to demonstrate teaching styles should he desire. He would also continue to work with interns, residents, and regular staff on curriculum development. But he would be freed from the present limitation of his having activity tied closely to the lock step of the school's schedule.

The revised conception of the functions of the clinical professor in the schools is related to an equally important modification in his role as a scholar and is even more important in our conception of what constitutes valid research in education. Thus far, at Harvard at least, research in curriculum and teacher education has typically followed the model of the experimental social sciences. For both doctoral candidates and faculty it has involved the application of behavioral science concepts and methodologies to pedagogical problems and the writing of results in a thesis-type document. We have no intention of devaluating such research, but rather we are proposing to add to it a more clinically oriented but equally rigorous type of experimentation that is more logically related to our assumptions about teacher education. This alternate type of research would center on problematic clinical situations and would not only aim at the analysis of specific contexts but would also contribute to our understanding of the processes of teaching and supervision in general. These clinical research projects might involve design and development of original methods or materials for school curricula, or for the training of teachers, or implementation and evaluation of designs worked out by others. What would distinguish them would be their emphasis on the generation of new knowledge from a specific classroom situation. Rather than seeking empirically validated generalizations which apply in a number of similar contexts, following the model of research in behavioral science, they would aim to determine what was generalizable in a specific context, following the approach more usually employed by historians.

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[4] My belief is that this has typically been the case with innovations like team teaching and flexible groupings. The prime concern of educators is with *having* such institutional arrangements rather than with how one *uses* them to improve instruction.

Such a broadening of the definition of acceptable scholarly research has several consequences for the role of the clinical professor. Primarily, it would provide a focus for his own scholarly efforts which is consistent with the major purpose of his role—the improvement of the clinical training of teachers. It would also enable him to use his position as a bridge for bringing the analytic scholarship of the university to bear directly on the teaching of children in the school classroom. Moreover, since some of his advanced graduate students will be acting as resident supervisors under his personal direction, he can use his joint involvement with school and university as a means of identifying promising young men and women and training them in the complex skills required to perform his own role.

These new directions in the conceptualization and implementation of the clinical professorship at Harvard are not yet fully operational. Though we have confidence that they will help to alleviate some of the difficulties we did not foresee when we originally established the role, it is also likely that our attempts to implement the new arrangements will reveal still further difficulties which will require other modifications. This should neither alarm nor discourage us, not only because the clinical professorship has already shown potential as a means toward the improvement of teacher education but also because redefinition in the light of experience is at the heart of what we mean by the concept "clinical."

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A STATE-WIDE VIEW OF THE CLINICAL PROFESSORSHIP

Student teaching and the supervision related to it have existed in New York State for more than one hundred years. It may be, however, that more attention has been paid to them in the short time since James Conant's *The Education of American Teachers* than in any preceding period. Popular interest in the observations and recommendations made by Dr. Conant is widespread, and teacher education people throughout the state have grown heartened or disheartened, pleased or provoked by his comments. The editors of *Phi Delta Kappan* responded in June, 1964, with a special report on the impact that the Conant book might have on teacher education programs and certification procedures across the country. In summarizing one section[1] of this report reference was made to New York State.

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[1] "Is *The Education of American Teachers* Influencing the Education of Teachers?" *Phi Delta Kappan*, XLV (June, 1964), p. 435.

One of the few conclusions that can be safely drawn from the comments submitted by our twenty-one monitors is that much of the hostility to the proposals offered by Dr. Conant is conservative hostility to any change, since any change is upsetting. A hint of this appears in the statement that "New York observers are confident that the State Board of Education is not about to yield any of its certification authority to the colleges or to anyone else."

State-wide Interest in Student Teaching

We recognize that our State Education Department cannot shed its legal responsibilities. The authority to certify is placed with the Department by the State Education Law. We can and do, however, delegate the responsibility for determining whether an individual should be certified to scores of colleges in New York State and to several colleges outside of our state through our own version of the approved program plan. I do not sense the atmosphere reported in *Phi Delta Kappan* that bespeaks in New York State a reluctance to change and, moreover, an unwillingness on the part of the State Education Department to join with colleges in exploring not only new possibilities for programs but new approaches to certification. At the foundation of much of our current interest is the notion that the period commonly called student teaching and all of the arrangements made to make this a successful experience are exceedingly vital parts of the professional program. Indeed, I know of no instance in our state where, given the opportunity to discard student teaching from its program, any college ever seriously considered this move. This paper provides a limited description of what has taken place in New York State as we grow increasingly concerned with improving our teacher education programs.

In particular, this paper attempts to focus on the attention given in New York State to what many are calling the clinical professor. Professor Bolster's paper describes in detail the demands placed upon the clinical professor and the education necessary to prepare him for his job. Here we view the state broadly and from a vantage point which reveals a good deal of scenery.

There are almost one hundred colleges and universities in New York State which prepare teachers. Together they graduate from their approved programs more than fifteen thousand each year who automatically receive certification from the State Education Department without a transcript review. Some of our teacher education programs produce few people; several institutions, on the other hand, graduate more than seven or eight hundred each year. These many thousands of certifications indicate that New York, like some other states, sees certification as a shared responsibility.

Encouraging and Implementing Change

OBVIOUSLY, different types of programs operate within such a large group of colleges. None may exist under the law without approval of the State Bureau of Teacher Education, but institutions with demonstrated strength are encouraged to experiment with structured designs or just to try out, perhaps rather informally, ideas and innovations which may lead to better ways of preparing teachers, school administrators, and educational specialists. The bureau does endorse and support experimental proposals which differ significantly from the minimum course requirements described in the state regulations.

A large portion of these all-too-few requests to innovate have been influenced by the desire to improve the nature and scope of student teaching or the paid internship. The bureau and a few colleges have also been concerned with strengthening the public school cooperating teachers, but almost no one has moved to formally prepare clinical professors or to bring about differences in their functions which will distinguish them from the old-timer we label the college supervisor. Changing the sign on the door from Off-Campus Supervisor to Clinical Professor does not really make him more acceptable to either college or public school faculties, nor does it enhance the supervisor's ability to help student teachers. Yet many believe there are discernible differences between the two roles and that a framework for student teaching and internships may be created to allow the full power of the clinical professor to be generated. If this is even remotely possible, then the State Education Department must strive for its development. In some instances, of course, this means fewer regulations and increased institutional freedom. In other cases it may mean even more state involvement and stimulation.

It is sometimes difficult to understand how a bureaucracy, in this case a state education department, can be both a regulator and an external agent for positive change. I see no real dichotomy in this, for in dealing with scores of colleges operating literally a thousand programs it becomes apparent very early that some colleges not only cannot innovate but must really strain merely to meet the minimum standards. Since there are relatively few instances where teacher education programs have been terminated by state departments, I must assume that state departments encourage weaker institutions to change for the better through the very process of enforcing minimum standards. I must add at this point that I refer to regulations and standards which have fostered the [illegible] of acceptable programs and satisfactory teachers as judged by, let us say, hiring and supervising officials and not regulations which mandate parochial programs.

The Five College Project

INSTITUTIONS which demonstrate ability to operate effective teacher education programs (and I believe that these may be generally identified) should be encouraged to improve their product through strengthened and vitalized programs. In many instances this will necessitate the college's being released from regulations with the assurance that graduates will be certified. In New York State the Five College Project has enabled five well-known colleges and universities to design new academic and professional programs through the all-institution approach without regard to state regulations.

Admittedly the all-institution approach in itself is not new. Dean Lindley Stiles described the process as it existed at the University of Wisconsin almost ten years ago,[2] and several organizations as well as various state education departments, including that of New York, have stressed it. What is new, however, is the opportunity for five colleges, already successful preparers of teachers, to start from the ground up in the design of a complete curriculum and to develop teaching specialists in a way which was not possible under the old scheme. With financial support from the New York State Legislature and the Danforth Foundation and with the consultation of a host of experts including James Conant, these five institutions (Brooklyn College, Colgate University, Cornell University, State University College at Fredonia, and Vassar College) in partnership with the State Education Department are now beginning the second year of program development.

I see the Five College Project, known officially as "New Approaches to Certification" to be just one side of a most interesting triangle. The second side is concerned with the relationship of our experiment to future certification patterns which may bring about a very different type of procedure, while the third side centers on what many have dubbed the capstone of professional education—the experience wherein a not yet certified person teaches in a school under the auspices of a college in which he is enrolled—and which places a very different type of responsibility upon the state.

The Clinical Professor: A Legend in His Own Time

AFTER this extended preliminary, let me turn now to a consideration of that special hybrid of student teacher supervisor known as the clinical professor. This is a gentleman well on his way to becoming a legend in his own time and a person of much prestige in my state. At one time the mere thought of close association with a high school, much less an elementary school, was enough to blanch the strongest professor. These days, when we dare not call student teaching "practice teaching" and refer to it as the "clinical experience," the clinical professorship has become a coveted position. Academicians who formerly would not walk in front of a junior high school have been known to do strange and wondrous things. How different from the day, not many years ago, when I overheard a group congratulating an off-campus supervisor who had been promoted to an "inside teaching job."

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[2] Lindley J. Stiles, "The All-Institution Approach to Teacher Education," *Phi Delta Kappan,* XL (December, 1958), pp. 121-24.

What has prompted this move toward clinical experiences and clinical professorships? A number of developments, especially since World War II, have caused many to reconsider what might be the "best" type of teacher education program.[3] Some have been the result of positive thinking; others have been brought about by undesirable situations and intolerable pressures.

The developments I speak of are the following:

1) Increasing agreement that five years of preparation are necessary for permanent certification.

2) Fifth year programs designed around a paid internship which, in many cases, takes the place of unpaid student teaching.

3) Growing popularity of professional programs which consider student teaching or the internship to be the keystone and crux of preparation and thus integrate and interweave both "theory" and "methods" courses with it.

4) Belief that better teachers are aware of the nature and structure of their discipline and its place in the school curriculum.

5) Belief that better teachers know and have mastered "teaching strategies" appropriate to their discipline.

6) Desire of many students to receive financial support during college years and while student teaching.

7) Severe criticisms of the education of teachers and the progress of elementary and secondary school children by lay people and professionals, representing academic disciplines and schools of education.

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[3] See John B. Whitelaw, "Teacher Preparation: Five Targets for the Next Ten Years," U.S. Department of Health, Education, and Welfare, Publication OE-58009, 1964.

8) Rising costs to colleges maintaining programs utilizing numbers of professors as off-campus supervisors.

9) Great demand for college faculty for teaching, research, and administrative positions.

10) Rising salary schedules for public school teachers coupled with teacher shortages.

11) Increasing numbers of teacher candidates, a resulting drain of the pool of competent cooperating public school teachers, and the necessity for colleges to place student teachers great distances from the campus in "resident centers."

12) Expressed concern, at least in New York State,[4] over what should be the purpose and role of campus schools.

13) Inability of most colleges to come up with viable alternates to the usual pattern of student teaching—a one-to-one ratio between student teachers and supervising teachers.

These phenomena and others have triggered a few programs in New York State in which the school of education is represented to the liberal arts faculty, the public school, and the student teacher by someone who is more than a supervisor. In other instances, as I have earlier noted, this person picks up a new title for the same job he had last year. Worse, however, is the institution which knights a group of average and unsuspecting classroom teachers with the magic sword—that is, their names are carried in the catalogue as clinic teachers—while the college eliminates, or comes close to eliminating, the positions it once had for off-campus supervisors.

I must praise those few colleges in my state which are providing in-service courses for their cooperating or clinic teachers, in some cases bringing them to the campus one or more days a week and in a few instances inviting them to the campus for a year with a professional appointment.

One of the colleges in the Five College Project had the entire history department of a nearby school district on campus one afternoon a week for more than a year. These same teachers not only played a major role in the development of a new curriculum but also now supervise the student teachers. Another has worked out an extensive intern program, while a third has master teachers on campus as both students and clinical professors.

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[4] Henry M. Brickell, *Organizing New York State for Educational Change*, the State Education Department, 1961.

To promote this type of activity, the Department's Bureau of In-service Education is supporting a program of course work and workshops for selected public school teachers who will act, next year, as clinic teachers—that is, cooperating public school teachers who have received special training in supervision and in the application of what we know about the art and science of teaching to student teachers. Last year and the year before this same bureau supported an experimental program to develop "clinical teams" which received national recognition. Hopefully, one of our larger institutions now running the usual type of intern program will begin an experimental program involving college professors in resident centers in a way which I feel holds much promise. And another good sign—one of our cities is not only paying $200 extra to each of its teachers who works for a quarter with a student teacher but is planning to establish a city-sponsored resident center for many colleges and scores of student teachers. In another proposal now before us, great attention is paid to the development of master "clinical instructors," the criteria for their selection, and their proposed involvement in seminars and conferences. And of course New York State has Harvard University interns working with trained clinic teachers in several schools. In none of these, however, trained clinic teachers in several schools. In none of these, however, are the people who work directly and on a day-to-day basis with the interns or student teachers really college faculty in any full and lasting way. Only in the campus schools of New York State do I see this. And even here complete acceptance of this concept may be lacking, since many college faculty have been unwilling to accept student teacher supervisors as colleagues with an understanding of the theoretical and a foot in the door of research. This is so, even though we have a significant number of professors who are even more guilty of being under their literature rather than on top of it, and who, while they occasionally stumble over research, always pick themselves up and hurry on as though nothing had happened.

Current Supervisory Patterns

A BRIEF survey of teacher education programs in New York State indicates that a variety of organizational patterns exist to fulfill the requirement that "methods and materials" be taught and that some form of classroom teaching be experienced by students. We have, I believe, almost every conceivable combination of type of professor and type of course. In addition, a noticeable difference exists between elementary and secondary patterns.

To illustrate, most colleges in New York State have elementary student teachers supervised by members of the department of elementary education who confine their expertise in the teaching of a variety of subjects, usually in a self-contained classroom, to a group of relatively young children. Generally these same supervisors teach one or more methods courses and almost always conduct a somewhat unstructured seminar concurrent with student teaching. I have seen only isolated instances where elementary student teachers were supervised by professors who consider themselves academicians and not educationists. Many of these people feel, no matter what value judgment might be placed on their philosophy, that they are, indeed, teachers of children first and teachers of subject matter second.

This is not often the case in secondary patterns. If secondary student teachers are supervised by faculty from a school of education, these people tend to identify quite strongly with an academic discipline. They see themselves as "subject-matter" supervisors more readily than do the elementary people. Frequently also, professors of academic subjects who are not members of schools of education provide supervision for student teachers. These people may or may not teach methods courses, and, indeed, at a rather large number of colleges employing relatively large numbers of supervisors, most education department supervisors never teach methods courses. They may not, in fact, even conduct the so-called student teaching seminar. As you might suspect, general methods courses and general supervision are not a part of the general secondary pattern.

There can be little disagreement with the argument that these established patterns are difficult to carry off successfully. Smaller institutions in particular have problems in providing enough subject-matter supervisors and special methods people to support the variety of secondary programs they want to maintain. Frequently (and this is true in the larger institutions as well) their personnel have had either little experience in public school teaching or no background in college work, with resultant minimal influence on college faculties. Many colleges employ former public school administrators who can deal effectively with problems of student teacher placement but who are left little time to study the curriculum development aspects of the leadership role they are called upon to play or to deal with teacher education per se. When academicians from the liberal arts school are brought into the picture, they are often criticized because they, like some professors of education, have no experience with and little grasp of what constitutes good seventh or tenth or even twelfth grade teaching. Consider also the problems of staffing our new programs which may certify individuals as both elementary (N-6) teachers and as junior high school subject matter specialists (N-9) with provisions made for student teaching at both levels.

Others have and will describe in picturesque terms the plight of the poor off-campus supervisor—and how well I remember this—who often spends more time behind the wheel than backing up the student teacher. In many campus schools too, we see on-campus supervisors unsure of role and goals, only half-accepted by their colleagues across the campus and serving to provide only additional placements for leftover student teachers. Because of these and other difficulties many college supervisors do not even supervise, much less cause student teachers to grow. Rather, they pay hurried and sometimes infrequent visits to the field classroom and ask such probing questions as "How's he doing?"

While I may be accused of magnifying these problems, I am nevertheless quite convinced that many colleges do not see student teaching as a learning situation, much less a true and effective extension of *campus* learning. Rather, they meet the letter of the law by abdicating their responsibility and by relying unfairly upon classroom teachers most of whom, while willing to help, are untrained for the types of things they should do as cooperating or clinic teachers.

Many feel, perhaps, that these evils have been righted by what is popularly known as the internship. In many instances, in fact, the inadequacies of the familiar student teaching pattern are only compounded in the internship pattern. Supervision may be even less frequent, attention to the nature of the discipline and to effective strategies may not be given, the obligation of the college to structure learning situations for the intern may be overlooked, and provisions for intensive public school supervision may not be made. In fact, sometimes the only difference between a poor undergraduate student teaching program and a graduate internship is that money has changed hands. Clinical experiences, if these are what we seek, do not appear from the blue. They require a good deal of preliminary planning and careful nourishment. Nor are clinical professors, as I believe Dr. Bolster has illustrated, created overnight.

The Clinical Professor Re-examined

WHAT constitutes the clinical professorship? Definitions are many and varied, but at the present time I see him to be a fully appointed college faculty member with professional rank who *remains* knowledgeable about exactly what is happening in school classrooms. He does this through regularly planned and scheduled teaching sessions, and he may very well hold an official and paid position within a school system. He works with student teachers or interns regularly and does not just "observe" them once a week or even less frequently. Most important, he knows his academic field and is a master at helping others to achieve success in teaching it.

While other professionals may work with him in supervising college students, this paragon is much more than a "once every two weeks" visiting college supervisor and has a wider outlook than the average cooperating teacher who does not instruct a methods course or teaching seminar. And to finally frost this cake, he relates in three directions: toward the rest of the college faculty, particularly the academic; toward the public school; and toward the college student.

Will men of this caliber be siphoned off to college presidencies as some have jested? Probably not, if the nature of their positions is developed fully. More often than not, however, the positions will be structured around a set of goals which will not enable college professors of great skill to feel comfortable in them nor dedicated school teachers of unusual accomplishment to want to remain involved. The relatively little research[5] which has touched the very roots of the student teaching experience indicates that we have a great deal more to learn about the basics. It may be that the campus schools will serve this purpose to some extent by fostering research and experimentation. One college in New York State, for example, deliberately brought into its campus school what I would term a research catalyst with the job of training and prodding the others in research projects.

In summary, while several programs involving clinical professors or derivations thereof are operating in New York State, and while others are being planned or awaiting approval, I am not aware of any that meet, for example, the criteria developed by James Conant or the criteria which some of us might establish if we viewed the clinical professor in his full light. The clinical professors, or, more often, the clinic teachers whom I currently see, bear a closer resemblance to super-cooperating teachers or to conscientious off-campus college supervisors. What is a start for us, however, will lead, I hope, to some fruitful variations.

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[5] See, for example, Laurence Iannaccone and H. Warren Button, *Functions of Student Teaching,* U.S. Department of Health, Education, and Welfare, Research Project No. 1026, July, 1964.

Don Davies

Executive Secretary

National Commission on Teacher Education

and Professional Standards (TEPS), N.E.A.

DISCUSSANT

I FOUND it particularly refreshing that the speakers were willing to share with us some of their problems, fumblings, and difficulties as well as some of their achievements to date. They are obviously on the track of a number of very promising ideas.

Most of the people in this room must have a strong, positive, initial bias toward the idea of the clinical professorship. We have held such a bias for many years. We are encouraged by the mere fact that institutions such as the University of Maryland and the Montgomery County schools are trying out, in one way or another, this idea and that similar plans are developing at Harvard-Newton and in New York State. We are not really alarmed or discouraged by the fact that there are some difficulties.

For the past few years, I have been intrigued with the high level of interest in this idea across the country—often not called by the name "clinical professor," but usually a variation of this theme. For example, two years ago, in preparation for a series of regional conferences, we invited one hundred teachers and administrators from all parts of the country to prepare proposals on the theme "Remaking the World of the Career Teacher" and gave them an open field in which to run. A couple of days ago I reviewed those hundred proposals and discovered that thirty-five of them dealt directly with the clinical professorship idea or some very close variation of it.

There are, however, several real dangers that we must examine. First, as Mr. Granito points out, there is the danger that the clinical professor may be simply a somewhat more elegant title for an off-campus supervisor without any real change in function, status, reward, and, most importantly, without any real change in his effectiveness.

Second, institutional conservatism in both the schools and the colleges may choke off the idea before it gets a fair test; administrative difficulties may kill the idea because it is just too much trouble and because it interferes with our tidy earlier practices.

Third, I think there is real danger, as Mr. Bolmer said so well, that the clinical professor idea will become an end in itself rather than one part of a comprehensive, varied effort to vitalize and make more relevant the education of teachers (which, in my view, is its essential pertinence).

We can avoid these dangers by making sure that we look at the clinical professorship in context—in the context of other developments in education and in the context of the educational world of the 1970's, rather than in the context of the 1950's or the 1960's.

I'd like to raise three questions that occurred to me as I read these papers.

1) *Will state departments of education be able to play both a larger and a different role in teacher education?* It is clear that Title V of the Elementary-Secondary Education Act will strengthen the staff and the programs of state departments of education if the money is used wisely. It is clear that money is now available for interstate cooperation in programs such as the M-Step

Program[1] which is designed to improve the education of teachers. It is equally clear that the Education Commission of the states likewise could become an effective force for strengthening the role of the state in improving teacher education.

The central view of Mr. Granito and, I assume, of the State Department of Education in New York is that the state department's role should be more than just regulation and the counting up of things, that it should extend to innovation, the promotion of change. If this view is shared by other state departments of education, the answer to my question will be positive. Strong state department leadership with increased money and a devotion to change can provide the kind of support needed to make an idea such as the clinical professorship viable and achievable and to link this idea with the other developments in education and teacher education.

As sub-questions for discussion here, I want to suggest these: Is it possible to achieve the kinds of changes in teacher education that we are talking about (with the clinical professorship approach being one part of such changes) without a state department leadership that is committed to change and which uses its funds at least in part to promote the desired changes? Is it possible to make these changes without that kind of leadership at the state level?

2) *Can there really be major changes in school-college relationships?* We have talked for years about the importance of school-college relationships; we are all in favor of genuine collaboration between these two institutions, but we also know that it has been both hard to achieve and quite rare.

I think there have been three obstacles. First, neither side has really wanted collaboration. Second, both institutions have followed conventional and cautious approaches to administration. Third, there have been real and imagined differences in ideology on the part of the two institutions.

For several reasons the prospects are somewhat brighter now for the development of new relationships. One, the new federal programs, particularly the Title III and Title IV centers, require new kinds of collaborative planning among various institutions, including schools and colleges. Two, I sense that the appetite for collaboration is being whetted by the fact that both are fearful that the other institution will move unilaterally into areas that have formerly been the preserve of the other. The most striking example is the fear among colleges today that public school systems will establish their own training programs which will pre-empt one of the roles of the colleges in training teachers, either pre-service or in-service. I think this is a real fear. I hear college people talking about it all the time. In the past six months I have talked with the administrative staffs in four or five large school systems. In each case they have said, "If the colleges don't come through with what we want—for example, preparing teachers to work in slum schools—we are going to set up our own programs to train them ourselves and draw upon college resources from around the country."

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[1] The Multi-State Teacher Education Project funded under Title V of the Elementary and Secondary Education Act of 1965.

I believe that genuine collaboration on many fronts among schools and colleges is now possible and that it will be made increasingly possible by both the federal programs and the institutional fear discussed above. It is, however, by no means certain that we will be able to pull this off because of differences in culture between the two institutions, because of political, economic, and other kinds of differences. What can be done to encourage or to make it realistic for these two institutions to develop true collaborative programs?

3) *How will teacher education and the induction of new teachers into the profession be changed by the fact that schools and school staffs will be organized very differently in the next few years?* I am referring to the increasing differentiation of the teachers' roles. We will have auxiliary personnel in the schools in large numbers. We are going to have different kinds of relationships among teachers, administrators, and other specialists in the schools. The notion of the single teacher with a single group of youngsters all day long, or for chunks of the high school day, is going. There is no question that the self-contained classroom notion to which we have clung so long is fading. These dramatic changes in staff utilization obviously will have profound effects on teacher training and profound effects on our concepts of supervision and of induction of new people into teaching.

I think it is important now for teacher educators to consider the changes needed in the preparation and induction of teachers and to adjust to the fact that the educational world has also changed. It must be obvious to you that this may change our concept of the role of the clinical professor. For example, you may have a real teaching team in a school with a lead or a master teacher working with interns, beginning teachers, less experienced teachers, auxiliary personnel, teacher aides, volunteers, and specialists, such as remedial reading specialists and social workers. This master teacher, in a sense, becomes a teacher educator on a full-time basis. What does this mean for the clinical professorship? I think Mr. Bolster suggested ways in which we might develop a clinical professorship as part of a coordinating role and as a trainer of trainers of teachers.

There are other elements and questions related to the changing context of the clinical professorship. For example, we have developed new and increasingly sophisticated tools for studying and improving teaching. Technology and computer techniques applied to the problems of instruction and supervision raise questions. Teacher militancy is increasing, and in school districts all across the country teacher organizations are negotiating collective bargaining contracts and professional negotiating agreements with school boards. These contracts relate very specifically to the rules, regulations, and policies for supervision, for teaching, for in-service training requirements, and for all of the kinds of things we are talking about here.

If I had to emphasize just one point from all of what we have heard this morning, I think I'd pick one made by Mr. Bolster. As he said, one of our problems is that we are trying to combine two traditional programs and fit a clinical professor into this combination. The squeeze is very difficult. He suggested that the answer was not to start with a traditional view of the role of the college in preparing teachers, with the traditional view of teacher training, or with the traditional view of the role of the public school in teacher training. Rather, we must discard these notions and start afresh. We must look at the job of educating teachers and then develop a more sensible way of allocating the responsibilities to the colleges, the public schools, and the other agencies involved. It seems to me that this is a terribly important point.

If our real concern is to define teacher education programs which are relevant and which really make some difference in the way people behave and feel and teach, then we must remind ourselves that this is our purpose. We must remember that the administrative arrangements we make, the relationships we build between schools and colleges—all of these concerns are really secondary. What we are actually trying to do is to find ways of educating teachers which are more relevant, which really make a difference.

Consequently, I would like to raise two final questions:

1) What changes should we make in the substance and the nature of teacher preparation?

2) How can its content be made more effective through the practical experience or the clinical experience and by the utilization of a new kind of personnel in teacher training, some of whom might be called clinical professors?

DISCUSSION IV

The Need For Broad Clinical Experiences

THERE is increasing concern about the limiting nature of the suburban school experience in the preparation of teachers. The need for broader experience in a wider variety of school settings was generally agreed to be a number one priority. One possible solution is a consortium of schools of different types in the areas surrounding the college or university. Another alternative is the abandonment of the apprenticeship system and its replacement by an internship arrangement. There may be some merit in retaining some aspects of both such arrangements, and under the Northwestern program this dual approach is possible. In this scheme the undergraduate apprentice might have experiences in a number of different kinds of schools, institutions, and organizations. Such experience in schools, social service work, community development work, etc., would broaden the student's concept of what education is all about and presumably might give him a different and healthier attitude toward his career planning.

Administrative Goals of Clinical Professors

ONE OF the underlying concerns expressed by several conferees is the tendency of the clinical professorship to evolve into some kind of administrative position. The notion of the clinical professorship carries with it the danger that we might create another type of administrator. If this happens, we really will frustrate one of the goals of the clinical professorship: namely, to provide an avenue for the development of master teaching as a desirable career goal. In defining the role of the clinical professor, one critical factor is to continue this professor in a direct classroom teaching role and concurrent involvement in curriculum development as a participant and not as an observer. Professor Bolster attached great significance to this combined role in curriculum development and teacher education. The colleague relationship between the clinical professor and his student teachers in this arrangement gives both participants the experience of joint involvement in assembling teaching materials, in teaching, and in evaluating the results.

Protection of the Teaching Role

THE NORMAL evolution of the clinical professor from a direct participant into a relatively detached administrator raised some obvious questions. Careful attention to the joint workload of the clinical professor is a must, if this transformation into an administrator is to be avoided. The program initiated by the University of Maryland and the Montgomery County schools attempts to circumvent this professor-administrator evolution. They use a joint appointee who acts as an expediter, a facilitator, and, in a sense, a buffer between the clinical professor and the multitude of administrative details. In the Maryland plan, the clinical professor acts more as a resource consultant and less as an administrator. This joint appointee is a coordinator in the teacher education center and, under their present scheme, will gradually facilitate the use of specialists from both the county and the college. With no supervision responsibilities, joint appointees serve as liaison between the public school and the college, rather than as clinical specialists.

Another variation involves the university professor with dual responsibility in his academic field and in student teaching. This faculty member works full-time with the university and seldom is involved in direct supervision of student teachers. The low status generally accorded the supervisors by the academic faculty is one rather frequently stated reason for their short tenure. These supervisors simply choose not to stay long in their role as clinical professors under such a scheme.

The Importance of Clinical Experiences

THE PROBLEMS of status, tenure, and attitudes toward these clinical professors and supervisors under the various plans are not very surprising. The importance of the clinical training of teachers is a central point in Dr. Conant's book, *The Education of American Teachers.* This clinical work should have top priority in teacher education programs. This concept, however, has not been widely accepted by schools of education, colleges of arts and sciences, universities, school systems, or state departments of education. The clinical experience for teachers generally has been downgraded as something nice to do when everything else is done. Unless this stereotype is changed, it is futile to think that much will come of either the clinical experience or the clinical professorship. In universities the clinician is frequently downgraded for his practical rather than theoretical orientation. He doesn't write books, and if he does, he writes them about the wrong kinds of things. If he publishes articles, they are about things that aren't really important—the teacher learning to teach. Furthermore, the clinician typically does not lecture to people, a near fatal obstacle along the road to academic respectability. These several stereotypes are precisely the things that Dr. Conant suggested we cast aside if we would have good teachers preparing good teachers.

Institutional Climate for Change

BASIC change in the preparation of teachers involves academic institutions, colleges, and school systems. If the institutional framework cannot be changed, we may very well create some new institutions, in order to translate the theory of clinical experience as a top priority into practice. Clinical professorships very likely will not develop in small institutions; there are too many forces working against them there. It will probably be only in the larger institutions that clinical experiences as such will carry the status necessary to attract the kinds of people we want. In institutions training doctors, lawyers, and other professionals, the clinical experience concept may very well be accepted and the clinical professor accorded the status necessary to its development.

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The Northwestern Program

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THE TUTORIAL AND CLINICAL PROGRAM OF TEACHER EDUCATION AT NORTHWESTERN UNIVERSITY: AN OUTLINE OF COOPERATIVE PLANNING AND DEVELOPMENT

In a recent article, Harold Howe related the opinion of an unnamed informant that it would be easier to move Lake Michigan than to change the course of teacher education.[1] I regret that Mr. Howe's informant, the apocryphal "weary educator," has not been around Northwestern University during the past few years. Confronted by a new campus created by moving Lake Michigan east by eighty acres and by our joint efforts with other universities to change the course of teacher education, the "weary educator" might be rather nonplused.

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[1] Harold Howe II, "Slimming Down the Pedagogy," *Education Age*, III, No. 1 (Sept.-Oct. 1966), p. 4.

Basic change in teacher education is easier to discuss than to accomplish. Even the most cursory review of teacher education over the past century reveals its resistance to change. During a century rocked by upheavals in social, political, and educational patterns, teacher education remained largely insulated from change. With few exceptions, current programs for teachers consist of academic courses, education courses, and practice teaching—a pattern adopted over a century ago. The alleged shortcomings of professional education courses have been widely aired in the popular and professional press and need no restatement here. As some critics have suggested, too many education courses are distinguished by few virtues other than old age. Perhaps teacher education had become, indeed, a study of academic geriatrics.

The Tutorial and Clinical Program of Teacher Education at Northwestern University grew out of the work of a faculty committee appointed in 1961 to study the facilities of the School of Education. It was soon apparent that the inquiry extended beyond facilities into the basic nature of teaching and the preparation of teachers. After meeting with representatives of eight undergraduate schools and academic departments, the committee made two recommendations: (1) that funds be sought for a pilot study of the functional relations among the university faculties responsible for teacher education; and (2) that an *ad hoc* university-wide committee design and carry out such a pilot study.

Subsequent reports, predicated on an all-university commitment to teacher education, gave high priority to interdisciplinary programs, cross-field preparation at all teaching levels, educational research, and the development of pioneering programs. Such a position necessarily demanded the commitment of all available university resources to the preparation of teachers. Further, it was quite clear to the committee that teacher education involved not just the educationists but the professors in academic disciplines as well.

Basic Commitments of the New Program

THE STUDY committee recommended the creation of an experimental undergraduate program of teacher education under the direction of the faculties of the School of Education and the College of Arts and Sciences with the aid and counsel of teachers and administrators from the public schools. This planning was based on three fundamental decisions: (1) that teachers should complete the general education courses required of other graduates of the university; (2) that teaching field requirements should be planned by the appropriate academic departments in the College of Arts and Sciences; and (3) that professional education should be given through group tutorials and clinical experiences rather than through the usual education courses. After extensive consultation with members of the faculties of Education and Arts and Sciences, with representatives of the State Department of Education, and with a number of professional consultants, including Dr. James B. Conant and Dr. Lindley J. Stiles, the committee outlined its framework for teacher education. In addition to the commitments to general education, teaching field preparation, and the tutorial and clinical scheme, the committee made four additional basic decisions: (1) all teachers as practicing social scientists should take extensive work in those disciplines; (2) high school teachers should prepare for a single teaching field; (3) elementary teachers should take enough advanced work in two or three academic areas to qualify for graduate work in a discipline other than Education; and (4) the program should be continually evaluated and revised by the tutorial and clinical professors in cooperation with the faculty of the College of Arts and Sciences.

The Planning Staff

A PROPOSAL was submitted to the Carnegie Corporation of New York in 1964 and was funded by a two-year planning grant from the Corporation. The planning proceeded with the appointment of several task forces, each charged to develop a specific component of the new program. Staff selection and deployment tried to capitalize on faculty interest and expertise in teacher education. Specialists in curriculum, psychology, research, philosophy and history of education, and political science worked on the task forces. Representatives of six academic departments defined the role of their disciplines in the preparation of teachers.[2] These departmental recommendations flouted two common myths: (1) that students preparing for teaching cannot handle regular departmental courses and, hence, should be offered work in liberal arts in segregated classes with "adapted" content; and (2) that academic professors don't really care about teacher education. Our experience demonstrates that the faculties of Education and Arts and Sciences have mutually supportive concern for the preparation of teachers and that the contributions of each are enhanced and improved by those of the other. Perhaps we have demonstrated what Commissioner Howe had in mind when he wrote:

> Do not think that academic scholars have one job to perform and educators another, each separate and distinct. It isn't so. Attracting the best people to education and devising the best programs for them demands a partnership. The observations of teachers and administrators need to be plowed back into the college preparation program.[3]

Public school teachers and administrators took an active role in planning the Tutorial and Clinical Program. Their experience as practitioners added considerable realism to the work of the task forces. The Conference on Teacher Education, held at Northwestern University in November, 1964, provided a useful forum for the exploration of new patterns in teacher education. At that conference, representatives of schools of education and arts and sciences, college administrators, and state education officers discussed their respective responsibilities for teacher education and the organizational patterns necessary to meet these interdisciplinary responsi-

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[2] These departments were: (1) Anthropology, (2) Economics, (3) History, (4) Political Science, (5) Psychology, and (6) Sociology.

[3] Howe, *op. cit.*, p. 5.

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bilities. The proceedings of this conference were published in the monograph, *Innovation in Teacher Education*.[4]

As the program began operation in September, 1965, the task force structure evolved into a team composed of the tutorial professors, the clinical professors, and the research staff. The program includes some roles not yet clearly defined, two of which merit brief mention here.

The Tutorial Professors

THE TUTORIAL professors are regular members of the faculty of the School of Education who work with tutorial groups of ten to twelve undergraduate students These professors advise their students in academic matters; meet with them on an individual and small-group basis to seek out the relevance between the liberal arts course work and the students' clinical experiences in the schools; direct the students' continual study of the issues and problems in teaching; and make continual assessments of their students' development toward competency as teachers. The tutorial professors ultimately recommend their students to the university for teacher certification under the approved program scheme.

The Clinical Professors

CLINICAL professors are master teachers in local school systems who hold faculty appointments in both the schools and Northwestern University. They divide their time between teaching in the classroom and supervising the clinical work of the students enrolled in the program. Since the university reimburses the employing district for a portion of the teacher's time, this arrangement does not disturb teacher-board contractual relations as to salary, tenure, retirement benefits, and the like. Salary increases, increments, and fringe benefits are left to the teacher and the board. Their faculty appointments are contingent upon continued employment as classroom teachers and terminate upon their promotion or transfer from a teaching role.

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[4] *Innovation in Teacher Education*, ed. Eliezer Krumbein (Evanston, Northwestern University Press, 1965).

Since the clinical professors work with students in all phases of the program, they must take a broad view of the development of practitioners' skills. They arrange student placements with classroom teachers, supervise and evaluate the clinical work of each student, and serve as the primary liaison between the university and cooperating schools. By his continued classroom teaching, the clinician is in a good position to distinguish the relevant and the irrelevant, the fact and fancy in classroom practice.

The Program

UNDER this new program, teacher education consists of three related components: (1) general education common to all educated people, (2) work in one or more teaching fields, and (3) professional work in the knowledge and skills of teaching.

The students in this program complete the general education courses required of all students in the university. This work, distributed among five major areas of the arts, sciences, and humanities, constitutes approximately one-third of the total program. Its purpose is to acquaint the students with the cultural tools and values common to educated man.

SECONDARY TEACHERS

Students preparing for secondary teaching elect a single teaching field. The required work in the teaching fields varies from 12 to 20 courses. Most students take additional work in one or more cognate fields. All students in the Tutorial and Clinical Program take courses in the social sciences beyond those required in the general education sequence. In some teaching fields (particularly in the laboratory sciences) a concentration in a cognate area is included in the teaching major. At the present time, students preparing for secondary teaching elect one of the following teaching majors: economics, geography, history, political science, mathematics, science, social studies, or sociology. The specific programs are jointly planned by the student and his tutorial professors within a framework recommended by the appropriate department in the College of Arts and Sciences. Under the present scheme, then, the program for high school teachers includes a total of 48 courses (192 quarter-hours), six of which are in the tutorial sequence and the balance distributed among general education, a teaching field, and cognate work in the College of Arts and Sciences.

ELEMENTARY TEACHERS

Students preparing for elementary school teaching prepare in those areas commonly taught in the elementary school. In addition, they elect to develop either two or three academic concentrations in the common subjects, so as to qualify for graduate study in an academic field. Depending on the courses elected for general education, a student might develop, for example, academic concentrations in language arts and social science or in a laboratory science. The elementary teaching program consists of some 18 courses in general education, 6 course credits (24 quarter-hours) in the tutorials in education, and 24 courses in the teaching fields.

THE PROFESSIONAL SEQUENCE

The students in this program do not enroll in any formal courses in professional education. Instead, they take a sequence of four group tutorials, each consisting of three academic quarters carrying a total of 24 quarter-hours of credit. The two components in the professional sequence are the group tutorials and the parallel clinical experiences. The tutorials provide a vehicle for individualized instruction and require the students to identify and analyze the critical issues in teaching and to use their academic course work in formulating solutions. The parallel clinical experiences place the students with pupils in a variety of roles: as a tutor, as a teacher aide, and as a practice teacher, and in the school systems as observers, researchers, and informed participants.

THE FRESHMAN TUTORIALS

The professional work in the freshman year focuses on a broad overview of teaching and the learning environment. Through readings, discussions, lectures, field trips, and work in community service agencies, the students identify, analyze, and study some of the persistent issues in education.

THE SOPHOMORE TUTORIALS

The focus of the sophomore year is on the teacher-learner relationship in the classroom. Specifically, the sophomore tutorials deal with the relation of sociology and anthropology to education and with the history and philosophy of education. The sophomore clinical experiences are based on the students' course work in psychology and consist of an assignment in a cooperating elementary or junior high school as a teacher aide on a half-day per week basis. The clinical assignment in the winter quarter is the field laboratory for work in psychology. In the spring quarter, the students continue their clinical assignment in the same school but at a different grade level.

THE JUNIOR TUTORIALS

In the junior year, the students return to the broad view of education by a study of its goals, means, and ends. At this level, the students choose between elementary or secondary teaching and take a clinical assignment at the appropriate level. Periodic research assignments in the cooperating schools foster the development of skills in educational research. The assigned classroom is the student's "home base" for the clinical work in the junior and senior years. This provides the student with a continuous two-year relationship with a supervising classroom teacher on a full-day basis for the first two or three weeks of both the junior and senior years and on a half-day per week basis during the balance of the two years. During the junior year, the tutorial professor and the clinical professor arrange appropriate work in special methods of teaching through seminars and lectures taught by specialists from the university faculties.

THE SENIOR TUTORIALS

The tutorial and clinical work in the senior year aims at both the developing and refining of the student's skills in teaching practice, research, and inquiry and the blending of academic scholarship and the arts of teaching. The tutorials deal with the translation of academic content into teaching materials and with procedures appropriate for different levels of instruction. The collection, analysis, and application of research data to classroom problems and practices constitute a substantial portion of the tutorial work. The tutorial professor, the clinical professor, and the supervising classroom teacher work closely in planning specific work for each student. The length of time in the clinical practice of teaching varies among students, the common basic goal being the developing of maximum teaching skill. The implementation and evaluation of teaching materials is an important part of the senior thesis, which deals with a problem identified and researched in the cooperating school. These research studies may grow out of problems in sociology, law, politics, or psychology. On the basis of the student's prior work in the program and in consultation with the clinical professor, the tutorial professor at the senior level attests to the student's competency to teach. This responsibility transcends the familiar course and hour bookkeeping approach to teacher certification and places a major obligation for control of entry into teaching on the practicing teachers.

THE ROLE OF THE TUTORIALS

The clinical experiences and the tutorials require a student to draw on the knowledge and skills acquired in the academic course work. They serve as synthesizing agents, helping the students to relate that knowledge and those skills to teaching situations. They also encourage constant re-evaluation and selective reinforcement of classroom learning and lead the student to question constantly what teachers do and what he, as a teacher, will do. During the four-year program, students deal with problems of pedagogy as well as many other issues that arise in the practice of teaching. This extended exposure to the realities of teacher-pupil relations enables the student to make an earlier decision about teaching as a career, a decision which will be based on direct, rather than vicarious, experience.

The real meaning of this program comes from the interaction of the people—the tutorial and clinical professors, the teachers and supervisors in the cooperating schools, the students, and the pupils with whom they work. Since this is an ongoing study, constant evaluation likely will result in changes as experience and research dictate. Thoughtful insight of the participants, together with our own experience and research data, will suggest subsequent modifications, but the viability of this approach to teacher education may well turn on the answers to three basic questions:

1) What kinds of students elect the new program, and how do they differ from those electing the regular program?

2) Do those who enter the new program complete it?

3) Do the students who complete the program enter and remain in teaching, and inferentially, how successful is their practice?

The Students

STUDENTS entering the School of Education at Northwestern as undergraduates may elect the Tutorial and Clinical Program or the Optional Program, i.e., the one that provides regular courses in professional education and conventional student teaching. Both are four-year programs that lead to the B.S. in Education degree. It is assumed that students who elect the Tutorial and Clinical Program will be academically strong, highly motivated, and committed to teaching as a profession.

The Tutorial and Clinical Program was initiated in the fall of 1965 when approximately half the entering freshmen class in the School of Education elected to enter it. The range and mean College Entrance Examination Board scores for this group of 48 freshmen were: (a) Verbal: 430-760, mean 592, (b) Mathematics: 430-790, mean 622, and (c) English: 470-800, mean 618. Over 70 per cent of the group ranked in the upper 10 per cent of their high school graduating class.

Forty-six freshmen entered the program in the fall quarter of 1966. Their entrance scores compared favorably with the 1965 group: (a) Verbal: 433-749, mean 591, (b) Mathematics: 455-757, mean 594, and (c) English: 412-777, mean 611. Sixty-three per cent of the 1966 freshmen group ranked in the upper 10 per cent of their high school graduating class. In addition to their outstanding academic records, the students in both entering groups had participated widely in a variety of extracurricular activities in high school.

Evaluating the Program

THIS program is predicated on some hunches and assumptions, the validity of which are yet to be determined. The translation of these notions into defensible data is the task of the research program in this study. Data are being gathered on the students' attitudes toward teaching, the elected program and course work, and the clinical experiences. Relevant correlations of entrance test scores, achievement in academic course work, and performance in the professional sequence will be gathered.

Implicit in this approach to teacher education is the assumption that professional education is most productive as a synthesizing or integrative agent in the preparation of teachers. Education borrows heavily from other disciplines and is a laboratory for the application of relevant concepts from such disciplines. The study of education, therefore, emphasizes the processes of analysis and discovery in the social sciences and humanities, in the crucial elements of teaching situations, and in appropriate teaching behavior. The relevance of the tutorial and clinical experiences to the students' classroom teaching performance is being studied within the framework of an ongoing program of teacher preparation. We are studying people, not rats. The roles of the tutorial professors, the clinical professors, and the supervising classroom teachers are constantly evaluated as a safeguard against the drifting of these participants into traditional patterns of teacher-student relationships.

Certification of Graduates

ON April 1, 1966, the teacher certification board in Illinois approved the Tutorial and Clinical Program. Under this approval, students completing the program will be certified as teachers at either the elementary or secondary level. After studying the new program, the New York State Department of Education advised the university that it would certify the graduates under the approved program plan. By this approval, both states endorsed the new program in principle and encouraged innovative research in a field so long tied to myth and tradition. This action by the state departments indicates, at least in Illinois and New York, that guilt for inertia in professional education can no longer be laid at the steps of the state governments. Further, the traditional concept of professional education as a collection of discrete courses is no longer sacrosanct in either state. If the traditional programs of teacher education lack meaning and relevance to students, the way seems open to change.

Some Next Steps

THE TUTORIAL and Clinical Program will be researched continually as students move into and through the sequence. We must not replace an old orthodoxy with a new one. The temptation to change for the sake of change runs alongside this study as a constant hazard. At the same time, excess caution and the postponing of reform in teacher education "until all the evidence is in" means, too often, that no reform will occur. This conflict must be resolved through research and evaluation procedures and instruments, some of which are yet to be developed.

Innovations in the preparation of teachers should not stop at the boundaries of the baccalaureate program. As more teachers pursue graduate study and take the master's degree early in their careers, the need to study and reform the graduate level programs assumes a greater urgency. The professional education sequence in such graduate programs should foster and support the development of the same excellence as does the Tutorial and Clinical Program. Piecemeal change in teacher education is not enough. We must take a comprehensive view of teaching and have the courage to make radical departures from the comfortable systems of the status quo. The courage to diagnose our problems must parallel the courage to experiment and test out innovative solutions. We have barely scratched the surface of innovation. In sum, the challenge facing colleges and universities is to design, implement, and evaluate new and more effective approaches to the preparation of excellent teachers.

6

Joint Appointees as Supervisors

James B. Conant

President Emeritus, Harvard University

Educational Consultant

The Carnegie Corporation of New York

JOINT APPOINTEES AS SUPERVISORS OF PRACTICE TEACHING: A SUMMARY

I have the privilege of being the last speaker on the program arranged by Northwestern University. I'm sure all present would like to have me express on their behalf our grateful thanks to Dean Chandler and his associates. We have had a stimulating day-and-a-half discussion. We have heard presented several points of view which illuminate the basis of the discussion which is the concept of the clinical professor. My assignment is to summarize what has taken place. It is quite unnecessary for me to summarize the papers for they are going to be printed. I shall only attempt to refer to some of the highlights presented in a few of the papers and some points of view which were brought out in the discussion.

The Northwestern Program

FIRST of all, we have heard an explicit statement on behalf of the Northwestern program. We have been told of the new departures in the training of teachers which they are now putting into effect. To my mind, a most interesting and novel feature of the new Northwestern arrangement is the tutorial system. However, as Dean Chandler, Mr. Hazard, and Professor Maidment have pointed out, a new type of appointment carrying the title of "clinical professor" is to play an important role in the entire enterprise. I'm sure we all want to congratulate Northwestern University on their initiative in putting forward this new scheme; we are all looking forward with anticipation to the time when the first graduates have completed this program and one can begin to assess its success. The fact that at the same time another group of students is being trained by the more orthodox procedures provides an interesting opportunity for comparison of the old and the new.

Much as we all value the contribution that Northwestern University is making by developing its new plan, and much as we realize the significance of the clinical professor in this endeavor, I'm sure that we would all like to broaden the discussion as much as possible in order that the papers which are published may be of benefit to a variety of institutions. It seems to me unlikely, at the start at least, that many colleges or universities will wish to copy Northwestern's bold experiments. However, I'm quite certain that the basic idea behind the appointment of clinical professors is already developing in other institutions. It would be my hope that the idea might spread to a great variety of teacher training faculties. Therefore, I have taken the liberty of entitling my summary remarks "The Joint Appointees As Supervisors of Practice Teaching." I use that title because among the duties of the clinical professor as conceived by Northwestern University is the duty of supervising practice teaching. Indeed, as one of those who pushed forward the phrase "clinical professor," I think I may claim that those of us who promoted the idea have always centered our attention on practice teaching. From the papers which have been presented at this meeting, it is clear that among the duties of the joint appointees in Maryland, at Harvard, and here at Northwestern, the supervision of practice teaching has been a primary responsibility.

Problems in the Clinical Professorship

LEAVING aside what we've learned from our hosts in regard to their use of a joint appointee as a clinical professor, we have had the opportunity of hearing about an experiment in the state of Maryland and a further report from a clinical professor at Harvard, although he is not so designated, I believe, in the official statement. I thought that Professor Bolster's paper was particularly illuminating. He is a man who has served both a graduate school of education (at Harvard) and a school system, namely, that of Newton, Massachusetts. I venture to suggest that those who have the printed copies of the papers at their disposal would do well to turn to the section of his paper which is entitled "The Structure and Operation of the Role." After pointing out the four general assumptions on which the Harvard-Newton scheme is based, he goes on to say, "The clinical professorship in the Harvard-Newton complex has been structured around two principal functions, the supervision of practice teaching and curriculum development."

Professor Bolster continues, "In practice the first function has been primary, but the second is essential, and they interrelate so as to define the operation of the role." And thus it is apparent that at Harvard as well as at Northwestern the joint appointee between the university and the school system is doing much more than supervising practice teaching. Nevertheless, I should like at the outset to concentrate on what Professor Bolster has called his primary function. I do this because, as I have said earlier, I feel that the idea of a joint appointee supervising practice teaching is an idea that may be spread more rapidly than the idea of the clinical professor playing an additional role in the development of a total program. At all events, I venture to remind you of a bit of history. I do so although I am well aware that a speaker should never quote from himself. However, in this case I can't avoid it because I think there can be no doubt that, although the phrase "clinical professor" was brought into educational discussions by Professor Robert Bush of Stanford University, I had the opportunity of popularizing the phrase, so to speak, in my book *The Education of American Teachers*. My sixteenth recommendation which was in the chapter "The Theory and Practice of Teaching" reads as follows: "The professor from the college or university who is to supervise and assess the practice teaching should have had much practical experience. His status should be analogous to that of the clinical professor in certain medical schools." Although I recognize that the origin of an idea and the first stages of its development may be essentially irrelevant to subsequent developments, nevertheless it would be worthwhile to devote a few moments to tell you what my colleagues and I had in mind when we wrote that recommendation. We had been surprised, and to some extent shocked, by what we found in many institutions. I could take you to an institution or institutions where, in fact, there is practically no supervision of practice teaching—that is, where the responsibility of the teacher training institution for taking an active part in the experiences of the teacher-to-be in the classroom is negligible. Such institutions are either located in such a place that they do not have available a supervisor for elementary education and one for each of the subjects in secondary education or the facilities of a school for practice teaching. I can think of a state college which has to send a large number of its candidates for their first degree to a distant spot where they must live and carry on practice teaching. It is impossible for this institution to send as many supervisors as there are subjects being taught in the school, and therefore one poor person must try to be all things to all candidates. I can also think of more than one liberal arts college which is turning out each year only a handful of future teachers and where one overworked professor of education must not only give the courses in education but must try to supervise the practice teaching in the local high school in a number of different fields. I think that in many states a good look at practice teaching is long overdue. I therefore venture to address this part of my remarks to the representatives from New York State who are present here today. I suggest to them that their state might well undertake a further look at practice teaching. I know they have already made a start in this direction, but I think what is needed is a more intensive look at some typical situations.

Analysis of Practice Teaching

LEAVING aside this question of my recommendation to the state authorities for checking up on practice teaching and leaving aside entirely the recommendations in my book which are not related to this plea, I want to continue my analysis of what we found in the field of practice teaching. We found in some relatively large institutions that the supervision of practice teaching was under the aegis of a former teacher of the subject in question or a former elementary school teacher. What this meant in effect was that the man or woman who had not himself or herself been in a schoolroom, except as a supervisor, for many years was completely out of touch with both the realities of the situation in the classroom and the new ideas that were developing about curriculum and the whole process of learning. This seemed to be a highly unsatisfactory situation. Since writing the book I have been in an institution where the practice teaching was under the supervision of an academic professor who had never taught in a high school; from my conversation with him, I was convinced that the supervisor had no idea of what teaching in a high school involved. One such man, a professor of a foreign language, assured me there was no difference between teaching a modern foreign language in a high school or in a college. He may be right from the purely technical point of view of trying to develop skill in reading, writing, and speaking a language. In all other respects, I thought he was talking nonsense.

Dual Role of the Clinical Professor

From all these bad examples which we found came the recommendation which I've read. I am frank to say that when I wrote the recommendation to which I have referred, I was not ambitious enough to think that anyone would be bold enough to make the clinical professor a person on a full-time appointment in both the university and the school system. Frankly, I am surprised that the idea has taken hold to the extent that it has and that a joint appointment is already playing so important a role in at least two institutions and is developing in a significant way in at least one state. I had imagined that one would be satisfied if in a given school system and a given university the supervision of practice teaching in, shall we say, social studies was every year under the direction of a person who held an appointment both with the school system and with the university but who held this position only for a few years and then returned on a full-time basis to the school. Indeed, I would have been satisfied then with a scheme by which a person might be a full-time clinical professor for a while, go back to the high school and do regular teaching for a couple of years, and then return to the university for a term of duty as full-time supervisor. However, this off-again, on-again scheme would be far less satisfactory than the program Dr. John Goodlad presented at the last meeting we had here at Northwestern. He raised the sights of the scheme, so to speak. He insisted that the clinical professor should be on the job every year both in connection with supervising work and in connection with his or her own teaching of a high school or elementary class.

It is this concept of the clinical professor at Harvard, in the Maryland experiment, and at Northwestern that we have heard about at this conference. And I would hope that the number of such joint appointees might well multiply over the years. Nevertheless, I would put in a plea at this time that some teaching institutions and some school systems consider a less rigorous definition of the concept and be willing to appoint clinical professors who might alternate between full-time supervision and full-time teaching in the classroom. What I would like to emphasize are my grave doubts about the effectiveness of the many, many supervisors now functioning in the United States who have not themselves taught a class in a school for many years, even though they may be assiduous in their supervisory duties. I hope that the difficulties such a person has in bringing reality to the classroom will become apparent to the administrators of both the school system and the university when they take a hard look at the present situation.

Dr. Granito has made some amusing and trenchant observations about the growth of a legend. Dr. Granito said:

> After this extended preliminary let me turn now to a consideration of that special hybrid of student teacher supervisor known as the clinical professor. This is a gentleman well on his way to becoming a legend in his own time and a person of much prestige in my state. At one time the mere thought of close association with a high school, much less an elementary school, was enough to blanch the strongest professor. These days, when we dare not call student teaching "practice teaching" and refer to it as the "clinical experience," the clinical professorship has become a coveted position.

As he well says in another portion of his paper, "Changing the sign on the door from 'Off-Campus Supervisor' to 'Clinical Professor' does not really make him more acceptable to either college or public school facilities, nor does it enhance the supervisor's ability to help student teachers." There is a danger that the words "clinical professor" will come to be equated with any supervisor, in which case any merit in the basic idea will have completely disappeared. Therefore, I hope that the whole educational fraternity, whether they like the concept or not, will agree that people not be called clinical professors unless they are joint appointees between a university or college on the one hand and a school system on the other; and unless their primary duty is that of supervising practice teaching. In addition, if it develops in a number of places and institutions that such supervisors can play an important role in curriculum developments and in a totally new program of training teachers, as at Northwestern, then so much the better.

Professor Bolster has pointed out some of the difficulties in the position which he occupies at Harvard. I remind you that he is not officially known as a clinical professor. Indeed, I doubt if he is very often referred to by that title at the Harvard School of Education. He is, however, an outstanding example of what may be accomplished by a joint appointee. Therefore, his words about the difficulties he has found in carrying out his tasks are well worth listening to. He raises the question whether time enough can be found for the clinical professor to perform his many duties. He also raises the question of the institutional focus and the perpetuation and extension of the role.

Part-time Assignments

I SHALL not attempt to summarize the very interesting account of Professor Bolster's analysis of the difficulties he has encountered. Rather, I should like to turn to a difficulty that was brought out during one of our discussions, and a most important difficulty it is. This pertains to the whole question of the role of a professor of education, particularly a professor on a part-time basis in an institution which is concerned primarily with academic departments and which considers research as a prime criteria for promotion. Professor Goodlad and I had already encountered this difficulty in talking to various institutions during the course of our study. I recall talking to a professor of chemistry in a small but excellent liberal arts college that trained only a few teachers each year. Speaking of the supervision of the occasional student who wanted to be a chemistry teacher, the professor complained that there was really no one available who could supervise the candidates' practice teaching. I suggested that a teacher in the neighboring high school, who was an excellent teacher in chemistry, be given a part-time appointment on the faculty of this college. The reaction of the professor was one of horror. He said the faculty would never agree to having a *mere* high school teacher given a rank in this faculty—not even the rank of instructor. I think some remarks made in our discussion would support this position of the professor in the liberal arts college. Frankly, with institutions within such a tradition, I think neither the concept of a clinical professor nor the name is applicable. It's a pity, but I think at present there would be little likelihood that the kind of faculty I have in mind would agree to give faculty rank, which is essential, to the joint appointee.

Acceptance of the Clinical Professor

ALL the difficulties are not found in institutions highly oriented toward the liberal arts. We found institutions within which a large faculty concerned with training teachers and future professors of education was very loathe to accept a school teacher on a part-time basis. It was generally admitted that the future of the man or woman supervising practice teaching was bound up with concern with other aspects of his or her work. The publication of articles about some phase of learning or some new development in the curriculum was essential for promotion. In other words, advancement up the academic ladder depended not on the qualities of the person as a teacher or as a teacher of teachers but on evidence of creative scholarship. This seemed to us to be a great mistake. We believed that there should be a permanent profession, so to speak, of people who were not expected to produce research or write learned papers but whose whole career would be based on (a) their success as a teacher in a school, and (b) their success in supervising future teachers in a school. These are the people to whom we suggested the title of clinical professor should be given.

In speaking of an analogy with the clinical professor in certain medical schools, I had in mind, frankly, the practice at the Harvard Medical School which I knew about as a former President of Harvard University. In that particular medical school it was agreed that the clinical professor, unlike the full-time professor, would be a person noted for his skill as a physician or a surgeon and that he or she would not be expected to carry on research or produce publications of the usual sort. Knowing full well as a former administrator all the difficulties in making recommendations for promotion, I made the radical suggestion that the joint appointees should receive the top appointment at the outset in terms of both salary and status. In other words, I was suggesting that clinical professors be full professors only and that there be no clinical professors at the associate, assistant, or even instructor rank. Clearly, I was wrong about this. At least here at Northwestern, as I understand it, there are clinical professors at different levels. I feel sure that here with this new bold experiment the difficulties I foresaw in regard to promotion will not arise. However, my warning still stands for those who may be tempted to embark on the appointment of people jointly responsible to both the schools and the university. Unless it is clearly stated at the outset what the conditions are for promotion and increase of salary, then there are bound to be difficulties and disappointments later on. I still think that some such title as "clinical professor" or "clinical associate professor" might be the title given at the outset, a title which a person would be proud to carry throughout his or her life.

Summary

As WE pointed out in our original recommendations, the development of the idea that a person may be a joint appointee will have advantages in raising the morale of the entire teaching staff in a school. Time alone will tell, but I hope that, if the basic idea of a joint appointee spreads, the position will be recognized in many school systems as a reward for excellent teaching. A joint appointment will carry with it a certain prestige. The fact that a school teacher becomes a member of a nearby faculty will raise the status of the entire staff of a public school.

This summary, I realize, is all too brief. Let me conclude by congratulating all present on taking part in a worthwhile discussion. I'm sure we all will look forward to further developments in the role of the joint appointee, to further improvements in practice teaching, and above all, to the increase in the kind of clinical professorship that has been demonstrated to us here by a few of our speakers.

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Appendixes

APPENDIX A

ROSTER OF PARTICIPANTS

Theodore E. Andrews
New York State Education Department

Jean A. Battle
University of South Florida

Dallas K. Beal
State University College, Fredonia, N.Y.

Arthur S. Bolster, Jr.
Harvard Graduate School of Education

Robert L. Brissenden
Illinois Teacher Certification Board

B. J. Chandler
Northwestern University

Evalyn A. Clark
Vassar College

Richard E. Collier
Montgomery County Public Schools, Maryland

James F. Collins
University of Maryland

James B. Conant
Carnegie Corporation of New York

Don Davies
Teacher Education and Professional Standards (NEA)

E. Alden Dunham
Carnegie Corporation of New York

Elbert K. Fretwell, Jr.
The City University of New York

Dolores Granito
State University, Albany, N.Y.

John A. Granito
New York State Education Department

William R. Hazard
Northwestern University

John S. Hollister
A Study of American Education

Joseph Justman
Brooklyn College

A. Jean Kennedy
Adelphi University

Allan A. Kuusisto
New York State Education Department

Oscar E. Lanford
State University College, Fredonia, N.Y.

Robert Maidment
Northwestern University

Lloyd S. Michael
Evanston Township High School

Roland H. Nelson, Jr.
Duke University

Edward C. Pomeroy
American Association of Colleges for Teacher Education

Daniel Powell
Northwestern University

Raymond O. Rockwood
Colgate University

George E. Schlesser
Colgate University

Lindley J. Stiles
Northwestern University

John Weingartner
Princeton University

APPENDIX B

CONFERENCE PROGRAM

CONFERENCE ON THE CLINICAL PROFESSORSHIP IN TEACHER EDUCATION
Sponsored by Northwestern University in cooperation with the Carnegie Corporation of New York
October 24 and 25, 1966

Monday, October 24, 1966

9:00 A.M. Presiding: Edward Pomeroy, Executive Secretary, American Association of Colleges for Teacher Education

Background and Purpose of the Conference

B. J. Chandler, Dean, School of Education, Northwestern University

Plans for Joint Appointees: Montgomery County and the University of Maryland

Richard Collier, Principal, Julius West Junior High School, Rockville, Maryland

James Collins, Coordinator, Office of Laboratory Experiences, College of Education, University of Maryland

The Clinical Professor: The State-wide View and the Institutional View

John Granito, Chief, Bureau of Teacher Education, University of the State of New York, State Department of Education

Arthur Bolster, Jr., Associate Professor of Education, Harvard Graduate School of Education

10:45 A.M. Break

11:00 A.M. Discussant: Don Davies, Executive Secretary, National Commission on Teacher Education and Professional Standards, N. E. A.

11:15 A.M. General Discussion

Monday, October 24, 1966 (continued)

12:00 M. Luncheon

The Tutorial and Clinical Program in Teacher Education at Northwestern University

William R. Hazard, Assistant Dean, School of Education, Northwestern University

2:00 P.M. Afternoon Session

Presiding: Jean A. Battle, Dean, College of Education, University of South Florida, Tampa, Florida

A Prototype for the Clinical Professorship

Robert Maidment, Director of Clinical Experiences, School of Education, Northwestern University

2:00 P.M. *Responsibilities of School Systems for Clinical Experiences*

Lloyd S. Michael, Superintendent, District #202, Evanston Township High School

3:30 P.M. Break

3:45 P.M. Discussant: Daniel Powell, Assistant Professor, School of Education, Northwestern University

4:15 P.M. General Discussion

6:30 P.M. Dinner

Tuesday, October 25, 1966

8:30 A.M. Presiding: George E. Schlesser, Chairman, Department of Education, Colgate University, Hamilton, N.Y.

The Clinical Professor as a Member of an Interdisciplinary Team

Lindley J. Stiles, Professor of Education for Interdisciplinary Studies and Professor of Political Science and Sociology, Northwestern University

Tuesday, October 25, 1966 (continued)

9:15 A.M. Discussant: Allan A. Kuusisto, Assistant Commissioner for Higher Education, The University of the State of New York, The State Education Department

9:30 A.M. General Discussion

10:00 A.M. Break

10:15 A.M. *Administrative Arrangements for the Clinical Professorship*

Roland Nelson, Jr., Chairman, Department of Education, Duke University

11:00 A.M. Discussant: E. K. Fretwell, Jr., Dean for Academic Development, City University of New York

11:15 A.M. General Discussion

12:00 M. Luncheon

1:15 P.M. *Summary of the Conference and Suggested Action*

James B. Conant, A Study in American Education, Princeton, New Jersey